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Communication and Great Medicine

Better communication with the public at large and within the health professions is one of the greatest needs in the field of Great Medicine today.

ALAN GREGG

THE POSTPRNDIAL cigar, like the after-dinner speech, is made up of wrapper and filler. The wrapper of what I proffer you will be faintly philosophical, admittedly general in nature. The filler, however, will be practical and specific. Now, first for the wrapper.

Since the word "medicine" often means internal medicine as contrasted with some other specialty in medicine, we need a word or a phrase that will mean all the branches, the whole tree—trunk, branches and all the growing twigs—of medicine. With this need of a collective term in mind, I suggest the words "Great Medicine," as one speaks of the Great Plains, an inclusive term comprising the separate states of the Dakotas, Nebraska, Kansas, Oklahoma, most of Texas and parts of Montana, Wyoming, Colorado and New Mexico—a sizeable area.

Look for a moment at Great Medicine. Can you deny or even qualify

seriously the statement that Great Medicine already has become bafflingly compartmentalized? It certainly has and, what is more, this process, to our ill-concealed dismay, continues.

As more and more areas of Great Medicine continue to declare themselves to be separate specialties, we shall be compounding confusion and courting chaos if we do not soon direct our strength and our efforts to the task of providing some way to keep these fields at least in a sense together, some ways of communication between these steadily proliferating subdivisions, bailiwicks, precincts, disciplines and specialties of Great Medicine. In Churchillian protest, we should not propose to preside over the liquidation of so great an empire as Great Medicine. Where can we look for wisdom in such an effort?

The lovely title of Walter Cannon's book, "The Wisdom of the Body," was almost a volume in and of itself. For we may rightly hold that the human body, among many other forms of organisms, represents in its

Dr. Gregg is vice president of the Rockefeller Foundation. This article is adapted from his address at the Annual Meeting of the Association of American Medical Colleges in Colorado Springs, November 10-12, 1952.

arrangements of form and function the viable and successful result of an infinity of evolutionary experiments and experience in the essentials of organization. On reflection, the harmony achieved between the component tissues of the human body resembles wisdom. The whole story of the genetic, cytological and embryonic development of the body comprises an amount of differentiation and specialization that exceeds even the complexity of the differentiation and specialization we witness as now taking place in Great Medicine.

"Knowledge comes, but wisdom lingers." If we look to the lingering wisdom of the body for a hint as to the possible importance of communication, we see three whole systems—the lymphatics, the blood vessels and the nerves—devoted to interchange and communication as the body's answer to the question: "Is communication important?"

As for lymph, the cells are bathed in it—bathed in a communication system, intercellular and intimate, slow and, I suppose, primordial. In the circulatory system we observe the pace of exchange and communication quickened and refined, and so effectively that, for example, a single organ such as the thyroid or the kidney serves the entire organism thanks to the communicating blood stream. Lastly the nervous system, with impulses both afferent and efferent that travel in the small compass of our frames with a speed appropriate for messages to cross a continent. The nervous system not only has such speed but has connection with a special clearing house and executive center of such delicacy, discrimination and despatch as will bemuse neurologists and psychiatrists for another 20 centuries. Such is the wisdom of the body in point

of the importance of communication among its specialized and separated component parts. We have literally within us, then, an ideal reminder of the often ignored but quintessential importance of communication.

THE IMPORTANCE of communication, then, constitutes the wrapper of this postprandial cigar. As a subject it is broad without being shallow. It is general but not without possible applications. It is philosophic but not inconsequential. Indeed, if we do not pay more attention to communication as the present primary task for all the disciplines and specialties of Great Medicine, my presbyopic eyes see ahead the analogues of elephantiasis, ischemia, infarcts, loss of sensation and any sort of paralysis in store for the specialties and the specialists who ignore, consciously or unwittingly, the importance of communication.

Unlike this meeting, where one field of Great Medicine seeks better communication and understanding with another, there are dozens of special groups that have but rarely sought explicit conference or interchange with many, or perhaps any, of some 30 others: specialties denying special ties. There are dozens of special groups whose national conventions, year after year, seem dedicated to the belief that deliberate self-isolation of a specialty spells progress if the isolation can be only uniform, nationwide and complete—100 per cent attendance and 100 per cent exclusive.

Such conventions are vanity fairs and their patron saint is Narcissus. I do not censure them without asking the question: "How could it be otherwise when their leaders hold office for only a year?" Short tenure of office precludes getting anything done with it or expecting anyone else to.

The human tendency under such conditions is to make the office honorific and the membership sensitive to reassurances that the association will do best to keep clear of entangling alliances or other occasions for self-criticism and self-orientation. By so much as you shorten the tenure of office of presidents of associations, you heighten the attention on how to get there instead of what to do there; and the scene is laid for a long series of one-act plays in the realm of mutual admiration.

Now to the practical and pointed filler of this cigar, which I have wrapped in the theory that communication is important. In saying what now is to come, I recall the young correspondent in Shanghai at the time of the Boxer Rebellion, who cabled the London *Times* a message that began, "It would be impossible to exaggerate the importance of events transpiring here at present, but I will do the best I can. . . ."

I THINK THE communication between American medical schools and the American public leaves a great deal to be desired. About 1947, as you know, our medical schools began to languish for lack of money. It then was quite evident that about \$10 million was needed to stave off deterioration of the performance level that we had in the 1930's. For that same year, 1947, the United States Department of Commerce recorded the national expenditure for tobacco and smokers' supplies as \$3,400,000,000, and for alcohol \$8,700,000,000. Now, a package of thousand-dollar bills eight inches high amounts to a million dollars, but a billion dollars similarly packaged makes a column about a hundred feet higher than the Washington monument. Who told the public in 1947 how badly we needed the relatively

little to do our job? Let us turn to the present.

I believe the Association of American Medical Colleges should communicate to the American public the present need of American medical education as \$20 million a year additional to its present cost. Why double the \$10 million of 1947? Because five years have passed. We need more doctors. The population has increased. The acceptance of many research grants costs money.

In fact, I think you owe the public such a statement. You know the analogy to your present situation: a hospital puts any dangerously ill patient on the dangerous list; that is a solemn communication from those who are responsible to those who are concerned. That is your duty, nor is it all of it.

It is not particularly edifying for the richest profession in this country to pass the hat to the public without first putting in an appropriate contribution of its own. Five hundred thousand dollars annually from our profession would not represent the price of even one country club dinner from, say, each of 150,000 practitioners—\$3.35 annually. Such niggardly largesse will serve only to keep the next generation of doctors inferior in their training to ours. And we have not yet paid for as much as half of the costs of our own medical education.

So, you see, it is a matter of communication with the members of our own profession that needs attention as well as communication with the public. I know you are thinking, "But some of the schools are raising funds from their graduates." To this I will answer that no association ever thrives on the motto "devil take the hindmost." Your relative inarticulateness leaves me cold and the general public inert.

A SECOND FIELD of communications needs attention. This time it is not communication between the medical profession and the lay public, but interchange among all the health professions—and they are not a few—now involved as never before in the control of disease and the promotion of health and, equally important, the advancement of knowledge.

The medical care of the American people today is not the mere aggregate or sum of all the private practices of all the private practitioners of the country. It is complex and differentiated. Medical care is given by private practitioners, public health officers and public health nurses, registered and nonregistered nurses on private duty, school and industrial physicians, teachers in medical schools in their clinics and teaching wards, men in research institutes or laboratories affiliated with hospitals, medical officers in the Army and Navy and Air Force, the Public Health Service and the Veterans Administration, physicians on salary from a number of government agencies, doctors and nurses in state hospitals for the insane and feeble-minded and tuberculous, and in institutions for criminals and paupers.

Hospital administrators are concerned with medical care and are familiar with vital aspects of it. The medical schools and the state boards of licensure have much to do with the future of medical care. The pharmacists and drug manufacturers are patently concerned with medical care, and I do not doubt that other groups at least could be mentioned as being related directly to the care of the sick: the laboratory technicians, physical therapists, industrial hygienists and sanitary inspectors, for example.

Can all these disparate groups, each deeply concerned with medical

care, each closely related in purpose yet lacking in any medium of conference or form of exchange, effectively adjust American medicine to its changing matrix? We need in this country a general medical council representing the experience, the good will, the hopes and needs of many different groups now involved in medical care.

Such a council could study and clarify confused issues and act as a clearing house for information and opinion, not only between the different professional groups but could speak in the name of cooperating agencies of medicine to the lay public—the consumers of the now extensive variety of medical care. It should be composed of men representative of various aspects of medical care, including the consumer, but not of designated and instructed delegates from such variant groups. If it were to become an honorific body composed of an imposing list of names but really run by a dictatorial secretary responsible to a board too ill-informed to be able to ask intelligent questions of him, such a council would be but another public futility. A limited term of membership, a rigid retirement age, funds adequate for the preparation of competent reports, a membership in which integrity and devotion are as important as prestige would go far toward making such a council effective in adjusting American medicine to the changes already upon us.

That is a suggestion I made at the centenary of Western Reserve in 1943. I beg you to think it over seriously as offering a needed means of communication between a number of groups and agencies. The list is longer than you have realized: the medical colleges; the American Medical Association; the specialty boards; the dentists; the nurses; the attend-

ants; the public health agencies—federal, state, county and city; the industrial physicians; Blue Cross and Blue Shield; the hospitals—general, mental and tuberculosis; the pharmacists; the social workers; the welfare agencies; the Veterans Administration; Selective Service; the Army, Navy and Air Force; Civil Defense; the National Research Council; the National Science Foundation; the private foundations, and other organizations interested in health, medical care, welfare and research. Do they need better communications, exchange and clearance between each other? I believe they certainly do.

Indeed, I believe that to create and

maintain a general medical council that could take a comprehensive view of all the interests, factors and agencies engaged in health and that could facilitate effectively communication and interchange among them, would be worth more than any 20 conferences between scattered pairs. There are so many to be served. What is needed most in the field of Great Medicine is enough conviction to find a means for conference, understanding and clearance between its component parts. Necrosis threatens when circulation becomes inadequate. Watch out, for such changes come slowly and, at first, all but imperceptibly.

Voice of Medical Education

The public today is conscious of the value of good health and more aware than ever of the increased benefits now available to them through the advances made in the biological sciences. In the interest of the colleges, the public should be told of the essential part which the medical colleges perform in this connection and of their activities in behalf of the health and welfare of the people. The Association can serve best of all agencies to this end.

The Association has grown in strength and stature and has won

noteworthy recognition in national circles in recent years. With your continuing interest and loyal support it will not only maintain its present position, but will continue to grow in strength and influence. The Association should be fully representative of our medical schools and be the authoritative voice of American medical education.—Arthur C. Bachmeyer, Presidential Address, 62nd Annual Meeting of the Association of American Medical Colleges, "Retrospect and Prospect," *Journal of MEDICAL EDUCATION*, January 1952.

Degree Jurisdiction in Medical Schools

Results of a questionnaire show divergent philosophies and practices in granting baccalaureate and professional degrees by medical schools.

CLIFFORD L. CONSTANCE

THE UNIVERSITY OF OREGON faces difficult problems because its medical school and dental school are more than 100 miles from the main campus. This distance sometimes may show itself in divergent philosophies as well as in geography.

Solutions at other schools were sought through a questionnaire, sent to all accredited medical schools and dental schools with affiliated parent preprofessional institutions. The replies were analyzed for general relationships and for unique relationships under the special conditions of geographical remoteness. Returns (sometimes incomplete) from 43 medical schools amounted to 72 per cent of those questioned, and the demonstrated care in replying gives confidence to our conclusions.

Our questionnaire was introduced with these sentences:

"We are asking the deans of dental schools and of medical schools for information and advice in exploring the academic area where preprofessional and professional schooling meet and overlap (and sometimes conflict). We need to know your current practices in specified situations, and we will appreciate any supple-

Mr. Constance is registrar of the University of Oregon.

mentary comments you may give us. We have reduced our questions to alternatives which you may check from your store of knowledge and experience. The first questions concern your school's professional degrees; the later questions concern the relationships of your professional work to baccalaureate degrees."

The 16 questions posed in the questionnaire touch on the machinery affecting degrees and on the details of applying professional school credits toward the baccalaureate degree. Questions and comments are:

1. *Are your professional degrees (M.D., D.D.S., etc.) granted by and in the name of: (a) your professional school; (b) your parent institution.*

The parent university grants the Doctor of Medicine degrees in 40 schools against only three schools in which they are granted by the medical school itself. Two of these three are among the 10 medical schools located 50 miles or more from their parent institutions, a small minority even among this "remote" group.

2. *Are candidates for your professional degrees cleared by or through: (a) your professional school faculty; (b) your professional school dean; (c) the general faculty of your parent institution; (d) other authority.*

The approval of candidates for the Doctor of Medicine degrees is reported as effected by the medical

school faculty alone in 24 schools, by the medical school faculty and dean in 13 schools, by the medical school faculty and the university faculty in two schools, by the medical school faculty and a "university committee on advanced degrees" in one school. This approval does not involve the medical school faculty at all in three schools: it is effected in one school by the medical school dean alone, in one school by the medical school dean and the university faculty, in one school by the university faculty alone (this is one of the "remote" schools). (It is understood that in most schools a formal final approval comes from a governing board.)

3. What signatures are on the diplomas for your professional degrees: (a) dean of professional school; (b) president of parent institution; (c) chairman of board of trustees; (d) others.

Practices on diploma signatures vary widely in details, from the three medical schools whose M. D. diplomas bear only one name (one the medical school dean, two the university president) to the one school with signatures of the medical school dean, the university president, the chairman of the board of regents, all the members of the board of regents and the registrar. The most consistent signer is the university president on the M. D. diplomas of 40 medical schools, the medical school dean signs at 36 schools, a representative or representatives of the governing board at 27 schools. Others include the secretary of the university at three schools, the registrar at two schools, and at one school each the assistant dean, the department chairman and the vice president of the medical branch of the university. The 10 geographically "remote" medical schools include three of the seven whose M. D.

diplomas do not include the medical dean's signature, as well as the school where that is the only signature.

4. Are proposed changes in your professional curricula cleared by or through: (a) your professional school faculty; (b) your professional school dean; (c) the general faculty of your parent institutions; (d) other authority.

The professional curriculum is almost entirely the responsibility of the medical school itself. Changes in it are cleared in 19 schools by the medical school faculty, in three schools by the medical school dean and in 16 schools by them jointly. The medical school is joined in this at five schools by the general university faculty, and in one school each by the "council on instruction" and the "university curriculum committee."

5. Are commencement exercises for conferring your professional degrees held: (a) as part of the general commencement of your parent institution; (b) separately, but at your parent institution; (c) separately, in the professional school.

Commencement exercises are the single element which is clearly differentiated according to the distance between medical school and parent university. All 33 of the medical schools located on or within 50 miles of the university campus share in the general commencement exercises of the institution. All 10 of the "remote" medical schools conduct separate commencement exercises.

6. Do you require a baccalaureate degree before conferring your professional degrees: (a) yes; (b) no.

Few medical schools require a baccalaureate degree before conferring the M. D.: 34 do not and eight do require it (one of these waived it during the war). In general summary it may be said that medical schools determine curricular matters inde-

Degree Jurisdiction in Medical Schools

pendently of their parent universities but that the conferral of professional degrees is a joint responsibility except where formal exercises are held separately due to location and convenience.

7. *Are baccalaureate degrees granted to those of your professional students who entered without them by: (a) your professional school; (b) your parent institution; (c) the various preprofessional institutions from which students came.*

Where students are admitted to medical school without baccalaureate degrees, the medical school usually is not much concerned where, whether or how they obtain such degrees. Either the student's premedical institution or the parent university of the medical school may confer such degrees if respective requirements are fulfilled. On the other hand, four medical schools reported that baccalaureate degrees are conferred on such students by the professional school itself; three of these are among the 10 "remote" medical schools.

8. *Are candidates for your institution's baccalaureate degrees among your professional students cleared by or through: (a) your professional school faculty; (b) your professional school dean; (c) the general faculty of your parent institution; (d) the liberal arts faculty of your parent institution; (e) the liberal arts dean of your parent institution; (f) a department of liberal arts; please specify all which are so used, approximately in decreasing order of frequency; (g) a cooperating professional—liberal arts authority; please specify under which officials and under what designation; (h) other authority.*

Similarly, the authority of clearing baccalaureate degree requirements is generally in the hands of the parent university, in 21 institutions within

liberal arts and in seven institutions in the general university faculty. In only seven institutions does the medical school clear baccalaureate degree requirements; three are among the 10 "remote" medical schools.

9. *What signatures are on the diplomas for these baccalaureate degrees: (a) dean of professional school; (b) dean of liberal arts of parent institution; (c) department head of liberal arts in parent institution; (d) president of parent institution; (e) chairman of board of trustees; (f) others.*

Baccalaureate diplomas for medical students are signed by the university president in 33 of the 34 institutions replying to this question, by a representative or representatives of the governing board in 24 schools, by the liberal arts dean in 21 schools, by the medical school dean in four schools and by the registrar in two schools. At the one school where the president does not sign, the diploma bears the signature of the liberal arts dean only. On the other hand, there is one institution where the president's signature is the only one.

10. *Are baccalaureate degrees for your professional students designated any or all: (a) Bachelor of Arts; (b) Bachelor of Science; (c) Bachelor of _____; please specify; (d) Bachelor of Science in _____.*

The most common practice is to make both B. A. and B. S. degrees available to these students as they meet specific requirements and this is done at 17 schools; only the B. A. or the B. S. is available at five schools each. At seven other schools one or both of the above is offered as well as a more "professional" baccalaureate degree called a B. S. in medicine at six schools and a B. S. in basic medical sciences in one school.

11. *Are baccalaureate majors for your professional students designated*

any or all: (a) biological science or sciences; (b) biology; (c) chemistry; (d) dental science or sciences; (e) dentistry; (f) general science or sciences; (g) medical science or sciences; (h) medicine; (i) natural science or sciences; (j) zoology; (k) others.

The tenor of most replies was "any liberal arts major in which the student may qualify" may be utilized. Only eight institutions reported special major designations for these degrees: three in medicine, three in medical science, two in basic medical sciences. (More incomplete replies in this part of the questionnaire emphasized that medical school deans are little concerned with details of baccalaureate degrees.)

12. Are baccalaureate degree requirements for your professional students in terms of courses designed for general education: (a) the same as for liberal arts majors taking the same degree in your parent institution; (b) less completely specified than for purely liberal arts majors.

Generally baccalaureate degree candidates in the medical school must meet the same requirements as those qualifying in the same major in the main university. In only about one-fifth of the reporting institutions are these requirements decreased for medical school students.

13. How much credit for work in your professional school is allowed toward the baccalaureate degree for your professional students: (a) one year maximum; (b) two year maximum; (c) one year beyond "basic science" courses in professional school; (d) other.

Almost uniformly, one year of medical school credit may be applied toward a baccalaureate degree with two schools varying to allow approximately one-third or two-thirds of a year of credit and two schools varying to allow two years of credit from

medical school toward certain degrees.

14. Is this credit applied toward baccalaureate degree requirements as: (a) lump or total credit only; (b) allocated to science departments and counted toward departmental totals; (c) substitute for other requirements.

In more than two-thirds of the institutions this credit is applied to the total only and not analyzed and allocated to specific requirements.

15. Are baccalaureate degree requirements for your professional students identical for those with all preprofessional work at your parent institution and for those with part or all of their preprofessional work at another institution: (a) yes; (b) no.

In only one-sixth of the institutions are differences made in baccalaureate degree requirements according to where the medical school student took his premedical work—students transferring from an outside school meet the same requirements as those from the parent university.

16. Are exceptions to baccalaureate degree requirements for your professional students considered and decided by: (a) your professional school dean; (b) faculty adviser in your professional school; (c) faculty committee in your professional school; (d) committee or official of the related liberal arts faculty; (e) committee or official of the general faculty of your parent institution; (f) other.

In two-thirds of these institutions the same authority determines exceptions to baccalaureate degree requirements as grants the degrees: the liberal arts or general faculty of the university. Again an earlier conclusion is repeated: the medical school does not usually participate in the granting of baccalaureate degrees, even to candidates who are enrolled in the medical school.

Biochemistry in Medical Education

The future of biochemistry depends on stimulation of research in this relatively new science. Final responsibility for training young men for such research rests with the medical schools.

W. W. WESTERFIELD

A SCANNING OF the historical development of medical knowledge emphasizes how dependent upon methodology our advances have been. If we go back to the time of Hippocrates, we find the clinicians of that era using effectively the only tools available to them: their own senses. They accurately recorded the appearance of diseases with which they came in contact, and many such superficial descriptions could not be improved upon at the present time.

No one is going to add very much to medical knowledge at the present time by the simple expedient of looking closely and carefully at the superficial aspects of diseases. Thousands of people have been doing that for several thousand years, and they could see as well as we can. Moreover, such observations can do little more than lead to a classification of diseases, and we have long since passed the stage in most fields of medicine where additional classification *per se* would be of much value.

Many diseases known to the ancients have been redescribed more recently in terms of their funda-

mental biochemical or physiological defects. Such advances have been made by the application of new techniques to long standing problems—not by more careful experimentation with worn-out techniques.

As soon as investigators began to probe beyond such casual observations by combining manipulative or experimental techniques with their observations, they were face to face with the problem of methodology. The nature of the experimentation could never be determined by what seemed desirable, because it had to be set within the framework of existing methodology or it had to await the development of new techniques.

It was no accident that anatomy became the first medical science to be developed. It required no special tools and was not dependent upon any prior developments in the physical sciences. Its gross aspects (those which are apparent to the unaided eye) could have been developed 500 years ago as well as today—and they were so developed. The key points were gathered together so long ago that further major advances cannot be anticipated from the application of the techniques that have been pretty well exhausted. It is a very vital

Dr. Westerfield is professor of biochemistry at the State University of New York Medical College at Syracuse.

science when it is approached with new tools, as witness the growth of the fledgling histochemistry.

The beginnings of physiology also could be made with limited techniques and a minimum of fundamental principles from the basic sciences. The discovery of the circulation of the blood is a most wonderful example of how the right guess can sometimes be made ingeniously in the absence of the wherewithal needed to establish a rigorous proof. It should not be overlooked that the recognition of the circulating character of the blood stream did not establish the fundamental function of the cardiovascular system. This latter aspect could not even be approached until the science of chemistry had established the existence of oxygen and the basic concept of oxidation. Multitudinous functions of blood have been developed since by the application of even more chemistry, and they could not have been established otherwise.

This example points up the problem that has plagued physiology throughout its development. The recognition of the function of organs and systems in a broad general way has been comparatively easy, but an understanding of the mechanisms by which these functions are accomplished has invariably been very difficult. It requires no understanding of chemistry or physics to appreciate that the main function of the kidney is the formation of urine, but the mechanism by which this is done could never be learned without the application of chemical techniques to the problem. Physiology has developed slowly through the years, primarily because it is dependent upon biochemistry and biochemical techniques for an explanation of how the physiological processes operate, and biochemistry is a newcomer in the

field of medical sciences. Future progress in biochemistry will inevitably sweep physiology along with it.

Importance of the Microscope

The importance of methodology in medical advances could not be illustrated better than by citing the importance of the microscope. The microscope itself could not be built until the physical principles of light refraction were understood. Once it was built, it became the first major tool to be applied to biological problems, and it has had the longest time in which to make significant contributions to our knowledge. Even at the present time, when our horizons have been broadened considerably by the use of a large variety of new instruments and methods, the microscope occupies a preeminent position because so much reference material is available from earlier microscopic studies.

The microscope also can be given a large share of the credit for the development of the entire field of bacteriology. It is possible that the existence of pathogenic organisms could have been surmised even though they could not be seen, but it is highly improbable that any such concept would have gained rapid acceptance. It need only be recalled that Pasteur's ideas about the relationship of bacteria to disease were met with a great deal of skepticism even when the bacteria could be seen under a microscope. The only major difference between the highly successful attack launched against bacterial diseases in the 19th century and the floundering fear and flight with which they were met previously was the existence of this new tool of study—the microscope. It is not surprising that the introduction of a fundamentally new technique, such as the microscope, is followed by a

real spurt in our knowledge, because the new technique provides the methodology by which long-recognized problems finally can be attacked and solved.

None of the basic medical sciences, with the exception of gross anatomy and the first glimmerings of physiology, are much more than 100 years old. Biochemistry is the latest addition, and it came of age less than 50 years ago. Chemistry and the methodology of chemistry could not make any contribution to medicine any earlier because our knowledge of the fundamentals of chemistry itself were not developed earlier. The science of organic chemistry was completely unknown 150 years ago, and it was not developed significantly prior to the last 50-75 years.

Biochemistry currently is moving to the forefront of medical research, and it is going to occupy a unique position in future basic developments because we have arrived at a stage in our growth where the chemical approach will yield the greatest return of information for the time and money spent. In many cases it will be the only approach that ever will yield the right answer because so many problems are basically chemical. The medical sciences today are starved more for a lack of adequate biochemical information than for anything else. How can the organs of the body function by any means other than chemical? How can drugs, foodstuffs and antibiotics have any effect except through a chemical mechanism? How can anything take place in living tissues without a chemical reaction being involved? Even the electrical phenomena associated with nerve impulses must have an underlying chemical basis.

Valuable tools will continue to come to us from new developments

in physics. Such tools have given us and will continue to give us very valuable working instruments. But in the final analysis, such tools are utilitarian. They are usually limited in applicability because they measure overall phenomena. They can tell us that a change from normal has taken place, but they do not tell us the mechanism of the change, for the latter is a chemical problem. How much can an electrocardiograph ever tell us about heart action? How much should we really expect of an electron microscope when its contribution will be a further refinement of the morphological features? Everyone recognizes these tools as valuable adjuncts to medical research and practice, but their limitations in solving the fundamental problems also should be recognized. They cannot take the place of chemical techniques in medical research, nor can they ever obviate the need for a chemical approach.

The Role of Biochemistry

Biochemistry and the application of chemical techniques cannot avoid the predominant role in medical research that is being thrust upon them by the inevitable turning of the wheel of history. How much this should influence the training of future doctors is the major question. The primary objective of a medical school training always must be to train a man in the basic work essential to an intelligent practice of medicine and to provide sufficient understanding of the subject so that he can keep abreast of future changes. The vast majority of medical students are going to practice medicine when they graduate, and the program must be designed for them rather than for the few who eventually go into research. The medical graduate should be capable of con-

tinuing his education through his own efforts for the rest of his life, but it is very difficult to anticipate specific future developments in the basic program. While additional biochemical training for medical students could be justified on such grounds, it would probably be of little real value because of the long time lag between fundamental developments and their practical application, and because the most useful developments could come from areas that are completely unknown at the present time.

Current Approach

In terms of current medical practice, the approach to biochemical training in the medical curriculum is about what it ought to be. Biochemistry can do two immediate things for the medical student or practicing physician: (1) it can provide the background of information about physiological and biochemical processes that establishes the framework within which abnormal situations can be fitted, and (2) it can provide certain tools (specific chemical determinations) that help in the diagnosis, treatment or understanding of diseases. The first of these contributions should be made by the regular course in biochemistry given to first-year medical students. The second contribution should be made by the clinical teachers as a routine part of their program.

The subject matter and the approach to biochemistry in the beginning course will be somewhat different from the clinical applications because it must include many things which are basic and fundamental to the area as well as many things for which there is, as yet, no clinical or other practical application. The teaching of biochemistry as "physi-

ology through the eyes of a chemist" helps to provide the basic understanding upon which the clinical applications can later be based.

Student Training

The greatest weakness in biochemical training for medical students today lies in the second area of tying together the clinical problems with the applicable fundamental biochemistry. This is due in part to the fact that many really good clinical teachers do not know enough biochemistry to feel at ease in talking about it before a group of students whose exposure has been more recent. In part it is due to the fact that many good biochemists are weak in the area of clinical applications.

This problem can be solved by combining the talents of the two areas or by having some members of the clinical departments well versed in fundamental biochemistry. Since the problem is essentially one for the clinical teachers to resolve, it is probable that the clinical areas will elect the latter solution, and many are doing so at the present time. The least effective approach to this problem would be a didactic course in clinical biochemistry given during the third or fourth year. Such a course would exist in a vacuum in relation to the rest of the clinical teaching, and it would be so treated by the students.

In terms of medical research there is no question of the desirability of thorough chemical training. Many investigators will be able to do a good job without such training, but the scope of their work will be limited correspondingly. The basic medical school curriculum does not need any drastic revision in order to accommodate research training. The first two years' training in anatomy,

Biochemistry in Medical Education

histology, biochemistry, physiology, bacteriology, pathology and pharmacology provide the basic understanding of medical science, whether that understanding is later used in medical practice or research. For those who plan to enter academic medicine and devote a portion of their lives to research, a more adequate training in biochemistry would be a real asset.

The training of biochemists is in a somewhat different category from the training of research personnel in the other medical sciences because the professional biochemist needs an extensive background of chemical information that is not included in the medical curriculum. Even if he does not use such information directly in his work, he will be expected to fulfill the role of expert chemist in the medical community. A few courses in undergraduate chemistry and a medical school course in biochemistry, such as most medical graduates have had, falls short of the mark.

Medical colleges can contribute a great deal to the training of biochemists, but they cannot do the best job alone. Any program for the training of biochemists should recognize that biochemistry is an applied science; that it is the application of chemistry and chemical techniques to biological problems. As such, the biochemist must know enough chemistry to be able to apply it, and must know the biological problems to which it is going to be applied. The biochemist can justify his independent existence only insofar as he successfully unites the two areas, and this he cannot do unless he knows both of the areas reasonably well.

At the present time biochemistry can make its greatest contribution to medicine through research. What it will be able to do in the future will depend to a large extent upon how successful our medical schools are in training the men who will do that research.

Showmanship in Medical Teaching

A good teacher is often a good actor. Using the tools of the showman he can capture his audience and imbue students with his own genuine enthusiasm.

THE SUCCESSFUL TEACHER must catch and keep the interest of his student audience. If the audience is attentive, ideas may be conveyed more easily. All great teachers have some histrionics about them. John B. Deaver, my professor of surgery, is a good example. None of the students who attended his Saturday afternoon operating clinics at the Lankenau Hospital is likely to forget the figure of the man as he held aloft the surgical specimen he had just removed from the patient and proceeded to point out just where the offending organ was at fault. He was an easy man to imitate, since he went through his discourse with measured words, classical gestures and convincing solemnity. On occasion the solemnity was brightened by an aphorism, often of his own coining. From him I learned such phrases as: "The eye on the end of the finger." "The surgeon," he often said, "should have the heart of a lion, the touch of a woman and the constitution of a mule."

Like an actor, a successful teacher develops certain idiosyncrasies that set him apart from his colleagues. He

WALTER FREEMAN

may affect loud ties or a carnation in his buttonhole, or even grow a beard. An old rattletrap of a car may be just as ostentatious as a super-duper. Of course a younger teacher may consider it poor taste to vie with his elders in this respect, but imitation is the sincerest form of flattery. Mannerisms are equally the stock in trade of the actor and the teacher. In speech and even more in gestures, the teacher-actor conveys his message to the audience.

Lecturing Techniques

The formal lecture is the easiest way of transferring information from the notebook of the professor to that of the student, but the teacher who wishes to hold the attention of his audience will speak without notes but with emphasis, pauses, gestures and demonstrations to prevent that stifling boredom that comes over the student.

Allen J. Smith, my teacher of pathology, was one of the gentlest, most lovable of men, always brushing cigarette ashes off his coat and talk-

Dr. Freeman is professor of neurology at George Washington University.

ing as though arguing quietly with himself. He believed in lantern slides and for an hour and a half he would keep up his gentle communing with them, arguing back and forth and drawing on his vast experience. When examination time came around, I argued with him unconvincingly that the cirrhotic liver he presented to me was an enlarged spleen. And it took me eight years to break the conditioned reflex he had established of closing my eyes and going uncomfortably off to sleep as soon as the lights were turned out for any lantern demonstration. I came so near failing that course in pathology that it acted as a challenge and for 10 years I was a pathologist. It's only fair to say, however, that Smith took me under his wing the summer following that near disaster and taught me by personal contact what he had so signally failed to present in interesting fashion during the course.

Case Presentations

A good teacher is equipped with a certain dexterity. This applies not only to manual dexterity, particularly regarded by surgeons, but also to verbal dexterity. I speak here particularly of clinical teaching. The teacher becomes a showman when he leads the patient to do the talking. Some patients may be ill at ease, resentful, even hostile at being presented before a group of medical students. The good teacher then reveals his verbal dexterity by putting the patient and the students equally at their ease with a friendly and sincere approach to the problem of the moment. Variety is essential to dexterity. One patient may be presented with light-hearted gaiety that would be quite inappropriate for a patient in the grips of a depression. Some patients expect to be insulted and will

not feel comfortable until this has been done. Others will become resentful if any doubt is thrown upon their veracity.

My aunt, the daughter of a doctor, used to say years ago that she wondered where all the nice young doctors came from since she couldn't endure the attentions of medical students. Probably these young doctors learned a special brand of manners from their teachers.

Dexterity in the field of personal relations is particularly valuable to the student who goes on the wards to find out the nature of the patient's real concern. I recall my embarrassment after I had supposedly worked out a fine case for the chief on medical service and had gained considerable knowledge concerning a trying domestic situation in the life of a young girl, only to find that she had failed to mention an anal fissure that was much more distressing to her than a frustrated love affair.

There is a facility for the communication of ideas that comes to the rescue of the student and the young physician when he can see the patient put at ease and in a frame of mind to discuss the things that really trouble him. This communication cannot occur in the presence of antipathy, ridicule or hostility. Shame of itself need not be a bar to such communication. In fact, the telling of a shameful episode sometimes acts as a release and by this means useful rapport is established.

Audience Participation

Audience participation is part of the dexterity exercised by the good teacher. There is entirely too much passivity, too much spoonfeeding still in our medical schools. We teachers talk and demonstrate and arrive at conclusions and ask for questions—

and end the session without the least idea of what the students are really thinking.

Scolding, ridiculing and criticizing are ways of raising a barrier between teacher and student as well as between clinician and patient. Only when a certain comfortable rapport is established can ideas begin to flow. This does not mean that errors should be overlooked, and an occasional egregious one may well be brought to view for the benefit of other students. It is well, however, to have it out on the floor of the classroom rather than to reserve the matter for settlement after the class is over. One of the great thrills experienced by a teacher is to witness the dawn of comprehension that steals over the countenance of the students when the presentation has succeeded.

Audience participation favors the flow of ideas because interest is aroused by a divergence of views. Arguments are useful, particularly if there are two or more possible interpretations to be placed on a given set of facts. The art of diagnosis consists of drawing correct conclusions from inadequate data. Consequently, there are plenty of facets that may be argued with more or less convincing enthusiasm and everybody may be wrong. This is the strong point of the pathologist to whom all opinions must be yielded in the long run. The point is that the good teacher takes a stand and interprets the findings in as direct and practical a way as possible, on the lookout for what Harold Stevens has called gram-negative herrings. If his conclusions turn out to be erroneous, he can quote the learned judge who is reported to have said: "This court is often in error, but never in doubt."

Manual dexterity is another of the good teacher's talents and it should

be cultivated. I try to impress upon my students, some of whom will become teachers, that they should master some particular technic. It may be as simple as a cisternal puncture or a carotid injection, but it should be done with such ease and precision that others will comment upon it. If the student acquires mastery of a certain technic in this way, he will be known as an expert in the field and in related fields.

Teaching of manual dexterity requires close supervision at first and encouragement later on. Then when the student is well on the way to competence and at the point of being able to profit from some of the fine points, the teacher should put on the gloves himself, as it were, and do the next case with all the dexterity at his command.

Dexterity in Drawing

Dexterity in drawing on the blackboard does not come easily, but the teacher with ability will be able to convey his ideas much better by a rough diagram on the blackboard than by the most finished chart that can be reproduced by the projector. The teacher will hold the attention of his students if he builds up on the blackboard something they can recognize and appreciate. It is particularly the evolving process, the establishment of the aspects of the objects he is seeking to demonstrate one after the other that holds the attention.

This aspect of teaching requires a certain dexterity that must be cultivated like the playing of a musical instrument. The teacher who anticipates a lecture with a blackboard will do well to put in a half hour or so of practice beforehand. I learned this from my professor of anatomy, George A. Piersol, who cultivated his

gift for illustration with chalks of different colors. At the blackboard he seemed ambidextrous and not infrequently would draw simultaneously with both hands. It was probably the beauty and clarity of his diagrams of the nervous system that inclined me toward neurology from the first year in medical school. Before each lecture, however, he would spend the better part of an hour familiarizing himself with the feel of the chalk and the proportions of the blackboard. The students profited more from this than from looking at the handsome drawings in his textbook of anatomy. "Now this little aperture at the apex of the cochlea is called the helicotrema," he would say. And the spiral of the cochlea and the phantom of the labyrinth would grow as from a nebula upon the blackboard. It was more than interesting. It was fascinating.

Audiovisual Aids

Elements which cannot be presented satisfactorily by blackboard drawings lend themselves to a choice of audiovisual aids. The dullest are tabulations; the most vivid are sound movies. The presentation of such materials is of great importance, since even the best table can be devitalized by too much compression. Simplicity and directness are the qualities to be desired. The test of showmanship lies in the presentation of the data in such a manner that the student will carry away an impression of the fundamentals instead of being perplexed by trivialities.

Among such aids, the photograph is of considerable importance. It is well for the teacher himself to be on the spot with a camera when unique events occur that will serve as useful illustrations in teaching. Some years ago I discussed my views

on the subject of physical exercise in the treatment of hypochondriasis. The point of the talk probably would have been forgotten completely but for a photograph of a woman who had taken my counsel to heart and had developed back and arm muscles that put her into the class of lady weight-lifters.

Before-and-after photographs are of exceptional teaching value and should be taken repeatedly and filed for future reference. The teacher who makes his own photographs has a means of communication that is exceptionally stimulating. He knows because he has seen, and he can teach because he has recorded. One picture is worth a hundred words; two are worth a thousand.

Color photography has been simplified to the extent that even the rank amateur can get good pictures by following directions, and color makes a psychological third dimension. Color movies with sound are the acme, but because of expense are likely to be used only for special studies. However, there are a number of film libraries where interesting productions can be obtained for small rental, and since part of the showmanship of teaching lies in the variety of presentation, such movies are well worth using.

Demonstrations

Demonstrations are sometimes simple, sometimes complex, but their value does not depend on this quality. Sometimes a very simple illustration can put across a big idea. My former assistant, Dr. Oscar Legault, showed me a trick illustrating the effects of a blow on the head. He first held up two eggs. They looked the same, but when he spun them one revolved much better than the other. That one was hard-boiled. However,

when both were spinning and he touched them lightly, the cooked one stopped immediately, while the uncooked one continued to spin. This illustrated better than any number of words the concept of the jelly-like brain within its hard container.

Demonstrations at the operating table seem likely to come back into vogue now that infectious complications are traced so rarely to outside contamination. With the use of sulfa drugs and antibiotics, the surgeon need no longer fear the presence of students, and his teaching may be made more forceful when he actually demonstrates what there is to see. Granted that surgical technic cannot be learned by looking over a surgeon's shoulder, nevertheless there is something vital in seeing a chest or abdomen opened and the living viscera exposed. The relationships can be demonstrated much more clearly than they can by lantern slides.

Television of operations has ac-

quired a merited success and has achieved marked popularity at various large medical gatherings. It will be some time, however, before the importance of this medium in the teaching of medical students can be evaluated properly. The surgeon operating in such exciting surroundings is justifiably under tension, particularly if something goes wrong. Once when a clamp slipped and the aorta began to gush during an operation for stenosis, the audience went away with the famous last words: "Cut that damn thing off!"

Conclusion

Showmanship in medical teaching consists in using certain skills in a convincing way and keeping the audience interested. Chaucer wrote of one of his Canterbury pilgrims: "And gladly would learn and gladly teche." I would emphasize the word "gladly" for it is the enthusiasm of the teacher that communicates itself most vividly to the student.

ON THE APPLICATION to the practice of medicine the physician needs practical as well as speculative wisdom. He must be governed in his actions by a wise regard for the whole welfare of each patient individually. This regard is the peculiar, the essential act of the virtue called prudence, which transcends natural science and comes within the category of moral excellence; ethics.—"Humanism, History, and Natural Science in Medicine," F. M. R. Walshe. Livingstone, Ltd., Edinburgh, 1950.

Report on the Association's 63rd Annual Meeting

A NEW ATTENDANCE record was set at the 63rd Annual Meeting of the Association of American Medical Colleges at the Broadmoor Hotel, Colorado Springs, Colo., November 10-12. The 375 participants represented all but one of the medical colleges of the United States with scattered representatives from medical colleges of Canada, Europe, Asia and South America.

Many of the registrants also had attended the preceding Conference on Preventive Medicine, held November 3-7. Reports on the Conference, first of a projected series of annual teaching conferences to be held in conjunction with AAMC meetings, were a principal part of the agenda of the meeting.

In his opening address, which will be published in the February issue of the Journal, George Packer Berry, retiring president of the Association, emphasized the unusual opportunity the Conference had provided for the exchange of information and experience among the delegates to both meetings. At the same time he announced a grant of \$45,000 from the National Heart Institute which will help finance a 1953 conference on physiology, biochemistry and pharmacology. This conference is scheduled for October 19-24, just in advance of the Association's 1953 meeting, planned for October 26-28 at the

Hotel Claridge, Atlantic City, N.J. The remainder of Monday morning was devoted to group discussion of problems in the teaching of preventive medicine carried over from the Conference.

After the usual open hearings on the annual reports of the various standing committees of the Association on Monday afternoon, AAMC members enjoyed a very pleasant social hour through the courtesy of Smith, Kline and French Laboratories. A collection of unusually interesting historical medical prints was displayed.

One of the highlights of the Monday sessions was the presentation of the Borden Award in Medical Sciences for 1952 at the Annual Dinner. The award, a gold medal and a check for \$1,000, was received by William S. Tillett, professor of medicine at New York University College of Medicine, for his work in isolating streptokinase and streptodornase.

Alan Gregg, vice president of the Rockefeller Foundation, delivered the principal address at the dinner meeting. He called for the development of a general medical council in America to represent all groups that contribute to medical care. He also challenged the Association to do a more effective job of informing the public of the needs of the medical schools. So far, he said, too little progress has been

The 63rd Annual Meeting



OFFICERS and Council members for 1952-53 are (seated, left) Dr. Dorst, Dr. Darley, Dr. Bowers, Dr. Smiley; (standing, left) Dr. Hinsey, Dr. Youmans, Dr. Turner, Dr. Moore, Dr. Lippard.



THE Borden Award was presented to William S. Tillott (center) by E. S. West, chairman of the Borden Award Committee. On the right is W. A. Wentworth, secretary of the Borden Foundation.



SOME OF the Association's committees in session during the Annual Meeting November 10-12 were (left) Internships and Residencies, and (right) Public Information.

The 63rd Annual Meeting

made in getting an understanding of the need which must precede expanded financial support. Dr. Gregg's address appears on page 17 of this issue of the *Journal*.

Other principal speakers at the general meeting were David P. Barr, professor of medicine at Cornell University Medical College, and President Harlan H. Hatcher of the University of Michigan. Their addresses are scheduled to appear in the February issue of the *Journal*.

The Tuesday Business Meeting included reports from the officers and chairmen of the standing committees and from the various related organizations. The revisions of the By-Laws recommended by the Executive Council were voted approval and the following officers for 1952 elected:

President, WARD DARLEY, vice president of the University of Colorado; president-elect, STANLEY DORST, dean of the University of Cincinnati College of Medicine; vice president, JOHN Z. BOWERS, dean of the University of Utah College of Medicine; treasurer (re-elected), JOHN B. YOUNMANS, dean of Vanderbilt University School of Medicine; secretary (re-elected), DEAN F. SMILEY.

JOSEPH HINSEY, dean of Cornell University Medical College was re-elected to a two-year term on the Association's Executive Council and also was re-elected to serve as chairman of the Council for 1952-53. ROBERT MOORE, dean of Washington University School of Medicine, St. Louis, was elected a new member of the Executive Council for a two-year term. Continuing to serve the second year of two-year terms on the Council are VERNON LIPPARD, dean of Yale University School of Medicine, and EDWARD L. TURNER, dean of the University of Washington School of Medicine.

Ward Darley, the new AAMC president, is a graduate of the University of Colorado where he received his M. D. degree in 1929. He practiced medicine until 1944, when he returned to the university as assistant professor of medicine. A few years later he became a professor and dean of the department of medicine. He became vice president of the university in 1949.

President-elect Stanley Dorst has been associated with medical education throughout his career. He received his M. D. from the University of Cincinnati in 1923, became an assistant professor of medicine there in 1926 and in 1930 was advanced to an associate professorship. He became dean of the medical faculty in 1940.

A special round table was held Tuesday afternoon, November 11, for those interested in the teaching of rehabilitation. It was directed by Hart Van Riper and Catherine Worthingham of the National Foundation for Infantile Paralysis.

Wednesday morning was devoted to reports from the round-table discussions of preventive medicine and to presentation of resolutions and the installation of officers.

In attendance at the Annual Meeting were 16 Markle scholars who also held special sessions with selected medical teachers to discuss medical school problems and teaching developments.

The Minutes of the 63rd Annual Meeting are included in this issue of the *Journal*. A complete list of Committee appointments for 1952-53 appears on page 88. All reports dealing with the Conference on Preventive Medicine will be published together as a supplement to the *Journal* in a subsequent issue.

Medical Education

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Editorials and Comments

JANUARY 1953

The AAMC's 63rd Annual Meeting

PUBLISHED IN this issue of the Journal are the Minutes of the 63rd Annual Meeting of the Association which was held November 10-12, 1952, at the Broadmoor Hotel, Colorado Springs, Colo.

This meeting was a particularly important one because it marked the beginning of a series of teaching conferences. These are to be held just before the Association's Annual Meetings and participated in by deans, specially selected medical college teachers and resource persons from selected fields.

The highlights of each teaching conference will be brought to each Annual Meeting for even wider consideration and discussion. There is no intention of limiting the broad interests of the member representatives at the Annual Meeting to the specific field of the teaching conference, but the field under discussion in the teaching conference will be given special attention in the Annual Meeting that follows.

Since reports made at the Annual Meeting on findings of the preceding teaching conference will be of necessity preliminary, it is planned that the Minutes of the Annual Meeting, which will usually be published as a part of the *Journal of MEDICAL EDUCATION* promptly after the meeting, will omit reports on the preceding teaching conference. It is the expectation that such reports will be published in the final report of the conference which will be published as a supplement to the *Journal* a few

months after publication of the Minutes of the Annual Meeting.

In the Minutes of the Annual Meeting will be found according to this general plan, the report of the Committee on the Borden Award in the Medical Sciences, the annual reports of the standing committees, officers and staff, a report of the actions taken at the annual business meeting, the list of officers elected and committee members appointed for 1953 and the resolutions passed.

In spite of the fact that this meeting was held somewhat later than is usual, the attendance was the largest in the history of the Association. There were 375 registered. Every school of medicine in the United States except one was officially represented and the dean of that school was absent only because of an emergency which could not be foreseen or avoided. Four of the Canadian schools were represented.

The Medical Schools and the Doctor Draft

WHEN THE North Koreans invaded South Korea and the participation of the U.S. in the "police action" of the United Nations made it necessary to call into the Armed Forces several million young men and corresponding numbers of physicians, the situation was a unique one.

There were several thousand young physicians who had had government assistance in completing their medical education as well as having been privileged to defer their military service until they had completed their medical education. It seemed only

fair, therefore, that this group of physicians should be the first called into military service to meet the obvious need, and a special doctor draft law designed to bring this about seemed both fitting and proper in spite of its obviously discriminatory nature.

With the termination of that doctor draft law (Public Law 779) on July 1, 1953, the question of a new doctor draft law poses a new set of problems.

As of July 1, 1953, there no longer will be any pool of young physicians who received government assistance in completing their medical education and who have not served their 24 months in the Armed Services. A new doctor draft law would then set a precedent for permitting the Selective Service to call physicians into the Armed Forces whenever and in whatever numbers the Armed Forces felt they were needed. This is an extremely important precedent and one which should be given careful consideration before it is established. Particularly is there good reason for moving slowly in this matter when we find the Armed Forces unanimous in declaring passage of a new doctor draft law imperative while with the same facts facing it the Health Resources Advisory Committee questions the necessity of such enactment, pointing out that transfer of veteran patients from Armed Forces hospitals, limitation of medical care to Armed Forces dependents to foreign posts, and reduction of the total number of men under arms, might well result in needed quotas of physicians easily filled by regular drafts and enlistments.

Another facet of the problem is the matter of maintenance of essential teaching staffs in our medical schools. So serious has this problem become that many medical school deans feel that the maintenance of their teaching staff in this "police action" in

Korea is more difficult and uncertain than was the case in the midst of World War II.

There are localities where state and local draft boards and state and local advisory boards to the Selective Service look upon our medical schools as resources comparable in essentiality to our steel mills or coal mines. In such localities medical college deans are consulted before medical college teachers are called; no essential teachers are called in the middle of the college year, and calls are so staggered and service so rotated that not more than one of the three senior men in an important department will be away on military duty at one time. Unfortunately localities with such understanding and farsighted leadership are matched by localities in which any medical college teacher is considered nonessential as long as he is not a key figure in a medical care team in the community.

It is obvious that if our medical schools are to function effectively in turning out physicians so badly needed by both our civilian population and our Armed Forces, much greater care and wisdom must be used in calling up essential teachers than has been used in recent months. Implementation of the following resolution passed at the 63rd Annual Meeting of the Association of American Medical Colleges would appear urgently needed.

"Resolved that the Association of American Medical Colleges requests the National Advisory Committee to Selective Service to establish a continuing procedure wherein those most vitally concerned with medical education may advise on desirable revision of present procedures and on the content of any new laws for the drafting of physicians."

Association of American Medical Colleges

MINUTES OF THE PROCEEDINGS

Sixty-Third Annual Meeting

November 10-11-12, 1952

COLORADO SPRINGS, COLORADO

Office of the Secretary
185 N. Wabash Ave.
Chicago 1, Illinois

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1951-1952

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**Sixty-Third Annual Meeting
Association of American Medical Colleges**

**Broadmoor Hotel, Colorado Springs, Colorado
November 10-11-12, 1952**

MONDAY, NOVEMBER 10, 1952

(President George Packer Berry presiding)

Presidential Address—George Packer Berry (to be published in the February issue of the Journal of MEDICAL EDUCATION)

Naming of Nominating Committee.....page 45

The Recently Concluded Conference on Preventive Medicine in Medical Schools and the 63rd Annual Meeting of the Association—*Lloyd Florio*, conference chairman; *Ward Darley*, conference co-chairman (Statements will be incorporated into the conference report which will be published later this year.)

Meeting of Round Table Discussion Groups
Names of Participants.....page 45

Address—*David P. Barr*, professor of medicine, Cornell University Medical College and physician-in-chief, New York Hospital (to be published in the February issue of the Journal of MEDICAL EDUCATION)

Report on Pilot Program of Subcommittee on Medical Education for National Defense—*Stanley Olson*.....page 45

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TUESDAY, NOVEMBER 11, 1952

(President George Packer Berry presiding)

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WEDNESDAY, NOVEMBER 12, 1952

(President George Packer Berry presiding)

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Monday, November 10, 1952

NOMINATING COMMITTEE

The Nominating Committee was named by President George Packer Berry as follows: Lowell T. Coggeshall, chairman; David W. E. Baird; William S. Middleton; Walter R. Berryhill; James M. Faulkner.

ROUND TABLE DISCUSSION GROUPS

Five round table discussions were held. Subjects and reporting chairmen were:

1. *Curriculum Content and Methodology of a Department of Preventive Medicine and Public Health*—William Harvey Perkins, professor of preventive medicine, Jefferson Medical College.

2. *The Departmental Relationships of a Department of Preventive Medicine and Public Health*—John H. Dingle, professor of preventive medicine, Western Reserve University School of Medicine.

3. *The Department of Preventive Medicine's Teaching Responsibilities in the Field of Planning Comprehensive Medical Care*—William R. Willard, dean and professor of public health, State University of New York College of Medicine at Syracuse.

4. *The Department of Preventive Medicine's Teaching Responsibilities in the Field of Community Health Activities*—Joseph L. Johnson, dean, Howard University School of Medicine.

5. *Research in Departments of Preventive Medicine and Public Health*—David D. Rutstein, professor of preventive medicine, Harvard University Medical School.

COMMITTEE ON MEDICAL EDUCATION FOR NATIONAL DEFENSE

STANLEY OLSON, chairman: At the February meeting of the Executive Council of the AAMC a Committee on Medical ROTC was appointed. This subsequently was renamed the Committee on Medical Education for National Defense (MEND) and was designated as a subcommittee of the Joint Committee on

Medical Education in Time of National Emergency.

At the first meeting on February 12, 1952, the following policy matters were decided:

(1) The medical ROTC program as currently operating is not regarded as a satisfactory mechanism for implementing the curricular recommendations developed by the Joint Committee on Medical Education in Time of National Emergency.

(2) Any other program which is successful in achieving the objectives for which the MEND committee has been appointed will probably further weaken the ROTC program to the extent that it might be abandoned in the medical schools.

(3) It is desirable to begin the present study by means of several pilot programs in representative medical schools.

(4) The federal services will explore the possibilities of making available the sum of \$75,000 to subsidize these pilot programs at the rate of \$15,000—\$20,000 per year per school.

(5) The emphasis in this program should be medical rather than military. The major objective is the improvement of the curriculum in those areas which are of fundamental importance with respect to military medicine and surgery and to civil defense. The pilot programs should be directed toward the education of the faculty in these areas. The largest share of the funds available should be used for the salaries of one or more faculty personnel to coordinate the program.

The schools which the committee members represented were selected for the pilot programs since it provided an opportunity for close supervision, and since they represented a good sampling with respect to geographic location and with respect to private versus tax supported institutions.

A second meeting was held on April 10, 1952, at the Palmer House in Chicago. Proposals for programs to integrate those items which are of importance in

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military medicine and in civil defense into the regular medical school curriculum were discussed. Arrangements were made for an orientation program in May 1952 for the deans and coordinators of the pilot programs. A specific statement was developed as a basis for securing a teaching grant for each of the five schools from the armed forces.

During the week of April 28—May 3, a group of 15 deans, coordinators and other representatives of medical education attended an orientation program sponsored by the representatives of the armed forces at the Army Graduate School of Medicine, the National Naval Medical Center, the National Institutes of Health, the Army Chemical Center, the School of Aviation Medicine, Randolph Field and the Medical Field Service School, Fort Sam Houston.

On June 28, 1952, approval was secured for a grant of approximately \$15,000 for each of the five schools participating.

During the summer months preparations have been made for the inauguration of the program at each of the schools. Approval has been secured from the Army to give credit for Military Science I in the medical ROTC program to all the first-year students at the pilot schools.

Reports on the program will be submitted quarterly to Admiral Stone of the U. S. Navy.

ACTION: The report of the Committee on Medical Education for National Defense was accepted without revision.

OPEN HEARINGS ON ANNUAL REPORTS OF COMMITTEES

Open hearings on annual reports of committees were held as follows:

1. **Audiovisual Education**—Chairman, Walter A. Bloedorn; J. S. Butterworth; Clarence de la Chapelle; Joseph Markee; Aura E. Severinghaus.

2. **Continuation Education**—Chairman, John Truslow; Graduate Section: Aims C. McGuinness, Kendall Corbin, R. L. Pullen, Thomas M. Peary, C. J. Smyth; Postgraduate Section: George N. Aagaard, Robert Boggs, Michael J. Bent, Samuel Proger, Walter Wiggins.

3. **Environmental Medicine**—Chairman, Duncan W. Clark; Jean A. Curran; Harry F. Dowling; William W. Frye; David Rutstein; Leo Simmons; Ernest Stebbins.

4. **Financial Aid to Medical Education**—Chairman, Vernon W. Lippard; George Packer Berry; Walter A. Bloedorn; Ward Darley; Joseph C. Hinsey; Maxwell Lapham.

5. **Foreign Students**—Chairman, Francis Scott Smyth; Maxwell Lapham; C. N. H. Long; George Hall; Aura E. Severinghaus; Edward L. Turner; Elizabeth Lam; E. Grey Dimond; Frode Jensen.

6. **Internships and Residencies**—Chairman, John B. Youmans; D. W. E. Baird; Parker R. Beamer; W. A. Bloedorn; Warren T. Brown; L. R. Chandler; J. A. Curran; Charles A. Doan; Stanley Dorst; Reginald Fitz; Maxwell Lapham; H. C. Lueth; John McK. Mitchell; Otto Mortensen; Francis J. Mullin; C. J. Smyth; R. Hugh Wood.

7. **Licensure Problems**—Chairman, Charles A. Doan; William R. Willard; John P. Hubbard; J. Murray Kinsman.

8. **National Emergency Planning**—Chairman, Stockton Kimball; George Packer Berry; John Z. Bowers; Stanley Olson; John M. Stalnaker.

9. **Public Information**—Chairman, Loren R. Chandler; George N. Aagaard; John L. Caughey; Ralph Rohweder; Dean F. Smiley; John D. Van Nuys.

10. **Student Personnel Practices**—Chairman, Carlyle Jacobsen; George Packer Berry; D. Bailey Calvin; John Deitrick; Thomas Hunter.

11. **Veterans Administration—Medical School Relationships**—Chairman, R. Hugh Wood; Harold Diehl; Reginald Fitz; R. Arnold Griswold.

THE BORDEN AWARD

The nominating address for the Borden Award in the Medical Sciences for 1952 was made by Edward West as follows:

It is my pleasure to present to you tonight on behalf of the Borden Award Committee, the nominee chosen to receive the 1952 Borden Award. This award was established by the Borden Company Foundation and consists of a gold medal and \$1,000 to be granted to a member of the faculty of an Association medical school in recognition of outstanding clinical or laboratory research.

The nominee selected by the committee to receive the 1952 Award was born in the state of North Carolina. His early education was received in North Carolina and Tennessee, his bachelor's de-

gree at the University of North Carolina, and his M.D. degree at Johns Hopkins University. In recognition of outstanding accomplishments, the University of North Carolina presented him with the honorary D. Sc.

During the first World War he served as first lieutenant and captain in the Medical Corps with the AEF in France. After the war, he continued his training as intern and assistant resident at Johns Hopkins, and assistant resident, resident and associate at the hospital of the Rockefeller Institute for Medical Research.

From 1930 to 1937 he was associate professor of medicine at John Hopkins; during 1937-1938, professor of bacteriology at New York University College of Medicine and, since 1938, professor of medicine at New York University.

He is a member of many scientific and professional societies.

Our nominee early became active in medical research. With T. M. Rivers he published a number of papers on virus infection. This work was followed by a series of papers by him and his associates on pneumococcus infection and the immunological properties of the pneumococcus polysaccharides.

In 1933 he discovered in the broth culture of a human pathogenic strain of hemolytic streptococci a fibrinolytic material. By 1947 he had ascertained many of its properties and purified filtrates sufficiently for trial in human patients. These filtrates were found to be specific in the liquefaction of human fibrin clots both *in vitro* and *in vivo*. This streptococcal fibrinolytic principle was found to be highly effective in the lysis of blood clots in the thoracic cage, thereby permitting them to be drawn off by needle aspiration and obviating the necessity for a tedious operation by a skilled surgeon.

The mechanism of blood clot liquefaction apparently involves activation by the fibrinolytic principle of an enzyme system present in coagulated blood. Because of this action and the source of the material it was called streptokinase.

As work progressed, it was found that the blood clots encountered in patients often are not simple fibrin clots, but represent a complex suppurative coagulum. These clots were shown to contain large amounts of nuclear

material with a high proportion of deoxyribonucleic acid. The streptococcal fibrinolytic material was found to contain in addition to streptokinase the enzyme deoxyribonuclease (shortened by our nominee to streptodornase), and thus the reason for its efficacy in the digestion and liquefaction of suppurative blood clots became clear.

One of our pharmaceutical companies is now manufacturing a purified filtrate of the streptococcal lytic system for human use, and this has been demonstrated to have wide and very valuable clinical applications in many most difficult surgical conditions involving chronic infection, suppuration and sinus formation.

The research of our nominee does more than provide an immediate tool to the physician for the resolution of suppurative coagula. It represents one of the pioneering milestones in the application of the chemical products of pathogenic micro-organism to the treatment of human disease, and thus opens enticing horizons of medical research for many years to come.

Dr. Berry, Mr. Wentworth, ladies and gentlemen of the Association, on behalf of the Borden Award Committee, I take great pleasure in presenting William S. Tillett, professor of medicine, New York University College of Medicine, for the Borden Award of 1952. As an ex-Virginia soreback, I am exceedingly glad to present an ex-Carolina tarheel for the Award.

ACCEPTANCE: The acceptance address for the Borden Award was made by William S. Tillett as follows:

I am very glad as my first duty to acknowledge the great honor that has come to me through the mediation of your Association. As I have learned the names of the previous winners of the award established by the Borden Company Foundation, I am aware of the unusually distinguished group in which I, through your recommendation, now find myself.

It is often customary in such remarks of acceptance as this for the recipient to question whether or not he merits such an honor. In my case there is a particularly logical basis for raising this question and I would like to tell you what it is.

In all the time that I have spent and continue to spend in the field of in-

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vestigational endeavor, whether in the laboratory or clinical categories, I have always derived so much pleasure from it, even in executing the simplest details. To observe directly the occurrence of any biological phenomenon, usual or unusual, has never been to me casual but rather do they represent unusually exciting events whether taking place *in vitro* in test tubes or as reactions to disease or to treatment as exhibited by patients.

Having been raised in a rather strict puritanical type of environment, I acquired early the belief that rewards went only to the just who labored hard and long, with labor pains that were severe and trying. By contrast, I now find myself the recipient of a reward for efforts I have had great pleasure in performing. From their results whether significant or not, I have derived excitement, and I have received great stimuli from attempting to satisfy a curiosity that has been continually aroused.

You can now, I think, understand why it may to me seem a little unjust for such a person who has always gotten so many continuing intangible rewards to acquire an additional tangible one of such distinction as the Borden Award. I can only ascribe this recogni-

tion which you give to me as being an example of my capacity to have good luck and I am grateful to you for it.

Now I have a second duty to perform which is allied to the first, but which focuses attention on another aspect of this event for me.

The time has come—I can see it quite clearly now—for a radical change in the opinions sometimes held about administrative officers of medical schools. They do not and never have—I can see it quite clearly now—any behavioristic qualities that should, by simile, be compared to the characteristics of members of the animal, vegetable or mineral kingdoms. Instead they have a definite glow from and around their countenances—I can see it quite clearly now—that is derived from their modest and well-fitting halos.

From now on I will defend them with my life, if and when they are defamed—if and when they do not deserve to be so treated.

Finally, I acknowledge the pride I take in this recognition from a group, which as an organization is composed of administrative officers, but many of whom I know personally and individually to be highly competent teachers and clinicians, and productive investigators.

Tuesday, November 11, 1952

Business Meeting of the Association

ROLL CALL

Representatives were present from all member institutions except Albany Medical College; Dean James Allan Campbell telegraphed he was unable to attend at the last moment because of a special board meeting.

AFFILIATE SCHOOLS were represented as follows: University of Ottawa Faculty of Medicine—Dean A. L. Richard, Father Arthur Caron; University of Toronto Faculty of Medicine—Milton Herbert Brown.

SCHOOLS IN DEVELOPMENT were represented as follows: University of Calif-

ornia School of Medicine at Los Angeles—Charles G. Craddock Jr., John Davis Green, John S. Lawrence; University of British Columbia Faculty of Medicine—Dean Myron M. Weaver; University of Saskatchewan School of Medical Sciences—Dean G. Wendell McLeod, Frederick C. Heal; University of Miami College of Medicine—Associate Dean Homer F. Marsh.

INTRODUCTION OF NEW DEANS

The following new deans were introduced by name or in person:

Stanley W. Olson, Baylor University

College of Medicine (January 1, 1953); W. Clarke Wescoe, University of Kansas School of Medicine; Daniel T. Rolfe, Meharry Medical College; James P. Tollman, University of Nebraska College of Medicine; W. L. Hard, University of South Dakota School of Medicine; Roscoe L. Pullen, University of Texas Postgraduate School of Medicine, Houston; George A. Wolf Jr., University of Vermont College of Medicine; Vernon W. Lippard, Yale University School of Medicine; Harold E. Hinman, University of Puerto Rico School of Medicine; G. Wendell McLeod, University of Saskatchewan School of Medical Sciences. Other medical administrative appointees: Norman Topping, vice president in charge of medical affairs, University of Pennsylvania School of Medicine; Homer Marsh, associate dean, University of Miami School of Medicine; Burgess Lee Gordon, president, Woman's Medical College of Pennsylvania.

APPROVAL OF MINUTES OF 62ND ANNUAL MEETING

The minutes of the 62nd Annual Meeting, October 29, 30 and 31, at French Lick, Ind., were approved as published.

REPORT OF THE CHAIRMAN OF THE EXECUTIVE COUNCIL

JOSEPH C. HINSEY: It has been a busy year for the Executive Council and considerable progress has been made. The actions taken by the Council at its four meetings this past year are as follows:

Actions Taken at Executive Council Meeting October 30, 1951, French Lick Springs, Ind.

1. The staff of the Journal of MEDICAL EDUCATION was authorized to assume monthly publication in January 1953.

2. The Journal of MEDICAL EDUCATION was instructed to publish Dr. Bachmeyer's report of his recent visit to medical schools of the British Isles, Low Countries and Scandinavia, in the form of a supplement.

3. Upon the recommendation of the Committee on Audio-Visual Education, a budget of \$59,380.71 was approved for the Medical Audio-Visual Institute for the year 1951-52.

4. The name of the Committee on Postdoctoral Education was changed to

the Committee on Continuation Education.

5. A statement regarding Swiss medical schools whose graduates are to be considered upon the same basis as are graduates of medical schools in the United States was approved.

6. A committee of five, with George Packer Berry as chairman, was appointed to develop plans for a series of Teaching Institutes sponsored by the Association.

7. A committee of three, with Ward Darley as chairman, was appointed to study the long-range functions of the Association.

8. Membership to the various Association committees and representatives to related organizations for 1951-52 were named.

Actions Taken at Executive Council

Meeting February 7, 8, 9, 1952, Chicago:

1. A committee of three with Ward Darley as chairman was appointed to develop a method for determining the costs of medical education.

2. The Council voted unanimously:

- (A) To express no interest in HR-3371 in its present form,
- (B) To continue to oppose S-337 as long as it carries with it the Pastore or similar amendments.

3. Approval for the renewal of the lease on space now occupied by the central office at 185 N. Wabash Ave., Chicago, was voted. This lease will expire April 1, 1954. Members of the central office staff were instructed to investigate the possibilities of procuring permanent quarters.

4. Upon the recommendation of the Committee on Long-Range Planning:

- (A) A Committee on Licensure Problems, with Charles Doan as chairman, was appointed,
- (B) The Committee on Long-Range Planning was authorized to obtain the full-time services of an "outside" consultant for three or four months to study with the committee and attempt to formulate long-term plans for the Association.

5. Tentative plans for the annual Teaching Institutes through 1958 were presented by the Committee on Planning

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for Teaching Institutes. These plans were approved in principle and the committee was authorized to work out the details and take the actions necessary to implement the report.

6. The secretary's office was authorized to select a well known law firm and to call upon it for legal counsel if and when such services are needed.

7. The central office staff was instructed to prepare and distribute a statement to the premedical advisers in the arts colleges pointing out the difficulties students will have who take their undergraduate medical work abroad and then attempt to obtain licensure in the United States.

8. The secretary was instructed to prepare revisions of the By-Laws of the Association for submission to the 63rd Annual Meeting which would (a) raise the minimum of collegiate credit required for entrance to member medical schools to not less than three full academic years or the equivalent, (b) provide for a warning of "confidential probation" on the vote of the Executive Council.

9. A Committee on Medical ROTC consisting of five members was appointed. Stanley Olson was named chairman.

10. After reading of President Cloyd H. Marvin's recent address on the work of the National Commission on Accrediting the following statement was formulated as expressing the Association's stand: "The Association has confidence in its present method of accrediting on a joint basis and it intends to continue it."

11. The Council endorsed the spirit of the resolution recently passed by the Association of American Universities on the importance of maintaining basic and long-range educational activities in times of national emergency.

Actions Taken at Executive Council Meeting June 13, 14, 1952, New York City:

1. The Council voted to recommend the following arrangements for the 64th Annual Meeting and the 1953 Teaching Institute:

Place: the Claridge Hotel, Atlantic City, N. J.;

Dates of the Institute: October 19-24, 1953;

Dates of the Annual Meeting: October 26-28, 1953;

Topic of the Institute: The Teaching of Physiology, Biochemistry and Pharmacology in Medical Colleges.

2. A committee of seven was named to correlate the planning of the 1953 Teaching Institute with the Survey of Physiological Science which is already under way. That committee was named as follows:

Special Committee of the Association of American Medical Colleges for the Teaching Institute on Physiology, Biochemistry and Pharmacology (October 19-24, 1953, Claridge Hotel, Atlantic City, N. J.):

Howard B. Lewis, professor of biological chemistry, University of Michigan Medical School; representing American Society of Biological Chemists.

R. W. Gerard, professor of physiology, University of Illinois School of Medicine; representing Survey of Physiological Sciences.

Wallace Fenn, professor and head of department of physiology, University of Rochester; representing American Physiological Society.

Julius H. Comroe Jr., professor and head of department of physiology and pharmacology, Graduate School of Medicine, University of Pennsylvania; representing American Society for Pharmacology and Experimental Therapeutics.

Ward Darley, vice president, University of Colorado; representing Association of American Medical Colleges.

Stanley E. Dorst, dean and associate professor of medicine, University of Cincinnati; representing Association of American Medical Colleges.

C. N. H. Long, chairman, department of physiology, Yale University School of Medicine; representing Association of American Medical Colleges.

3. George Packer Berry was authorized to make formal application to the National Heart Institute for \$45,000 in partial support of the 1953 Teaching Institute. (This grant already has been received.)

4. The secretary was instructed to acknowledge and express the appreciation of the Association for a grant of \$25,000 to the Association, and a grant of \$25,000 to the Medical Audio-Visual Institute for 1952-53, from the China Medical Board.

5. It was voted to recommend the

following revisions in the By-Laws of the Association:

It is proposed that at the 63rd Annual Meeting of the Association, November 11, the By-Laws be revised to read as follows:

"A good general education including the attainment of competence in English, biology, chemistry and physics is essential for the comprehension of the medical school curriculum. For most students this will require three or four years of college education. Superior students may, in selected cases, be considered acceptable for admission to medical school after only two years of collegiate work. In all instances the final judgment as to the admissibility of these superior students will rest with the individual medical school."

It is proposed that Sections 4 and 5 be revised as follows:

"Sec. 4—Any medical school or college in membership in the Association, which, on inspection, has been found not to fulfill adequately the conditions for membership in the Association, may be (a) warned by being placed on "confidential probation" for a period of two years by vote of the Executive Council, (b) placed on "open probation" after a full hearing before the Executive Council and subject to the approval of the Association at a regular executive session, (c) dropped from membership after a full hearing before the Executive Council and subject to the approval of the Association at a regular executive session."

"Sec. 5—Any medical school or college which is a member on "open probation," may be removed from probation and restored to full membership or be dropped from membership by the Executive Council, as warranted by the findings of an inspection, after a full hearing before the Executive Council, subject to the approval of the Association at a regular executive session."

6. The secretary was instructed to prepare a draft for complete revision of the Constitution and By-Laws of the Association to be submitted to the Council for consideration at the February 1953 meeting.

7. A contributory retirement plan for the permanent members of the executive staff of the central office of the Association was approved.

8. The budget of the Association for

the fiscal year beginning September 1, 1952, was approved as submitted with the proviso that the expense budget of the Medical Audio-Visual Institute must be reduced proportionately in the event that all or a part of the needed grant of \$18,820 is not obtained. The budget included \$66,275 for the secretary's office, \$100,000 for the Committee on Student Personnel Practices, \$57,535 for the Journal of MEDICAL EDUCATION, and \$50,000 for the Medical Audio-Visual Institute—a total of \$273,810.

9. The Committee on Continuation Education under the chairmanship of John Truslow was authorized to subdivide into a Section on Graduate Education and a Section on Postgraduate Education.

10. The Council voted in favor of the incorporation of the National Intern-association Committee on Internships.

11. Upon the recommendation of the Committee on Medical ROTC the decision was made to transform that Committee into a subcommittee of the Joint Committee on Medical Education in Time of National Emergency. The new name will be the Subcommittee on Medical Education for National Defense. The chairman is Stanley Olson.

Actions Taken at Executive Council Meeting November 5-9, 1952, at Colorado Springs:

1. The Committee on Planning for Teaching Institutes was authorized to seek funds for the basic support of a series of Teaching Institutes to be held annually in conjunction with meetings of the Association over the next seven years.

2. Dr. Hinsey was instructed to take up with Dr. Winternitz the question of membership of the Association in the National Research Council.

3. Dr. Darley was instructed to take up matters of medical school accreditation with the chairman of the National Commission on Accreditation.

4. Dr. Youmans was authorized to make such changes in the bookkeeping and auditing of the Association as will result in annual financial reports to the members which will be more easily understood and more meaningful.

5. Approval was given the Association's director of studies to devote part time for a period of one year to the development of some scholarships plans

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being sponsored by the Ford Foundation Fund for the Advancement of Education.

6. It was voted that the AAMC assume responsibility for the publication of the report of the just completed Conference on Preventive Medicine in Medical Schools as a supplement of the *Journal of MEDICAL EDUCATION*.

7. The Council expressed the opinion that the AAMC meets the criteria set up by the U. S. Office of Education for classification as a "nationally recognized accrediting agency."

8. The secretary was instructed to arrange in collaboration with the Council on Medical Education and Hospitals of the AMA for the inspection of the University of Saskatchewan School of Medical Sciences in compliance with its application for affiliate membership in the Association.

9. Drs. Dorst, Bachmeyer and Smiley were named as representatives of the Association to the First World Conference on Medical Education to be held in London, August 24-29, 1953.

You may have noted in a recent issue of *School and Society* a report on the National Commission on Accrediting. This commission has been at work for some time now. It is concerned with the problem of accrediting all parts of a university, including the medical school. President Gustavson of Nebraska is the chairman of this commission, and President Marvin of George Washington University is the secretary.

While your Executive Council appreciates the problems which the universities face with the growing multiplicity of accrediting agencies, it also recognizes the responsibility to the public which those accrediting medical schools have—responsibilities they cannot delegate. The present arrangement, which has been in operation for many years, of a joint accreditation by the AMA council and the Association is helping to maintain a high standard of medical education. The members of this Association know that the health of the public depends upon maintaining these high standards.

The Liaison Committee, composed of members of your Executive Council and of the AMA council, is following closely developments in this important area and will report further to you in the very near future.

In closing the report, I want to pay tribute to the members of this Council who have given so freely of their time and energies this past year to further the work of the Association and advance the cause of medical education.

ACTION: The annual report of the Executive Council was accepted without revision.

REPORT OF THE SECRETARY

DEAN F. SMILEY: The work of the Association has continued to expand during the past year. The number of medical school visits was increased to 10 with complete reports made to the schools visited and to the members of the Association's Executive Council and to the Council on Medical Education and Hospitals of the American Medical Association. The number of working committees was increased from 14 to 19. The new committees included a Committee on Long-Range Planning, a Committee on Planning for Teaching Institutes, a Committee on the Costs of Medical Education, an Advisory Committee on Education (to the Research and Educational Service, Department of Medicine and Surgery of the Veterans Administration), and a Committee on Licensure Problems. Part-time secretarial help was provided the chairman of the Committee on Internships and Residencies and the chairman of the Committee on Foreign Students.

Fifteen questionnaires were submitted to the central office for approval. Of these 10 were approved, five were not, either because material was already available, making the questionnaire unnecessary, or because the questionnaire was so worded as to give rise to erroneous conclusions. Seventy-two foreign students received assistance in the form of advice and copies of our booklet, "Fellowships, Funds and Prizes Available for Graduate Medical Work in the United States and Canada."

General plans already are formulated for the 1953 Teaching Institute to center around the physiological sciences. A grant of \$45,000 toward meeting the expenses of the Institute has already been received and tentative arrangements made for holding the Institute at the Hotel Claridge in Atlantic City, N. J., October 19-24, 1953. The first *Directory* of the Association with listings of member colleges' administrative officers,

public information officers and audio-visual coordinators, as well as Association officers and committees, was published and distributed. It is hoped to have the 1952-53 *Directory* in your hands early in January 1953.

The Journal has been expanded and developed and three important supplements were issued during the year. With funds provided by the China Medical Board, Inc., issues of the Journal are now going out to every medical school in the world of which we have a record and an address. Plans call for monthly publication of the Journal beginning in January 1953, and original papers in hand added to the three symposium issues planned already fill the space available through November 1953.

The Medical Audio-Visual Institute moved its offices from New York City to the central office at 185 N. Wabash Ave., Chicago. The development of a number of short teaching films in the field of cancer, the planning of 10 preview film circuits, and the collaboration with the Library of Congress in beginning the publication of a card catalogue of medical teaching films were new developments of the year.

The Committee on Student Personnel Practices, in addition to its studies on admissions and its publication on admission requirements, collaborated with Dr. Diehl and the Health Resources Committee in its studies of medical college staffs, and assumed the responsibility for the machine matching for the Interassociation Committee on Internships.

All of these activities are important ones which the Executive Council has instructed the central office to undertake. With these increasing activities there has had to be a corresponding increase in the staff and budget of the central office. The secretary's office now has a staff of five, the Committee on Student Personnel Practices a staff of 11, the Journal a staff of four, the Medical Audio-Visual Institute a staff of three, making a total of 23.

Thanks to the efforts of the Executive Council and the generosity of the John and Mary Markle Foundation, the China Medical Board and the Cancer Institute of the Public Health Service, our income from dues, testing, Journal advertising and sale of publications has been sufficiently supplemented to provide a

budget of approximately \$300,000 for the year which began September 1, 1952. The central office has no desire to build a large central organization which in time of a recession might bring financial embarrassment to the Association. It is, however, glad to undertake any additional duties which the Council approves and provides funds for.

This report would not be complete if it failed to recognize and express appreciation for the fine cooperation each of you is giving our central office staff in providing the data so necessary to the work of our director of studies, the original articles and editorials for our Journal, the film footage from which our teaching films are cut, the dues which provide the basic support. Especially deserving of our thanks are your hard-working representatives on the Executive Council who have given unstintingly of their time and energy to enable the Association to carry its share of the load in the inspection and accreditation program and to build an Association strong enough to carry the responsibilities which have been thrust upon it and which rightfully belong to it.

ACTION: The annual report of the secretary was accepted without revision.

REPORT OF THE TREASURER

JOHN B. YOUMANS: Your treasurer is able to report that during the past year the finances of the Association have been maintained in a generally satisfactory condition. During the fiscal year, September 1, 1951 through August 31, 1952, the general income, including unrestricted special grants, amounted to \$108,149.46, an increase of \$41,608.33 over the previous year. Income from dues remained approximately the same, while income from investments increased from \$825 to \$2,454.48 and miscellaneous income increased slightly. Therefore, the greatest part of the increase in general income was in unrestricted grants or gifts. The excess of general income, including the unrestricted grants, over general operating expenses, including a deficit in the operation of the Journal of MEDICAL EDUCATION, amounted to \$14,845.05, allowing an increase in the general fund reserves to \$45,166.77. The comparative balance sheet at the close of the fiscal year showed total assets, including restricted funds, of \$173,337.58 compared

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with \$188,013.97 of the previous year, the decrease representing expenditure of funds reserved for special projects and studies.

Investments, including short-term securities representing working capital not currently needed, amounted to \$89,729.82 compared with \$89,779.55 the previous year. A loan of \$5,000 to the National Interassociation Committee on Internship is continued.

Budgets for the new (current) fiscal year, including budgets for restricted projects and studies, total \$273,810, made up of \$98,735 of grant funds, \$135,155 in general income of the Association and an estimated \$21,000 carry-over from the previous year, leaving some \$18,820 to be obtained from other sources. All budgets have been approved by the Executive Council.

I wish again to call attention to the magnitude and nature of the financial operations of the Association. As already stated, the budget for the current year totals \$273,810. Part of these budgets and funds are for special projects of a temporary nature and are supported by special gifts or grants not available for general expenses. In part, some of these special projects and studies are supported by the general funds of the Association.

The remainder of the budgets and funds are for general operations and such continuing special activities as the Journal of MEDICAL EDUCATION. The budget for these operations totals \$123,810, an amount which exceeds the general annual income of the Association

by \$53,655. The general annual income, amounting to some \$70,155, is at present the only "hard money" income of the Association. What has made up the difference is "soft money," that is, special, nonrecurring, nonrestricted grants.

The implications of this situation are clear. If we are to continue our general activities at the present rate, a thing which seems highly desirable, attention must be paid to financing. While general, nonrestricted grants for such purposes may be made and are welcome, it is only the part of wisdom that total reliance not be placed on such sources. While the general surplus could be used, it would be equally unwise to deplete such funds too greatly, and in any event that fund is inadequate, even if fully used, to support any considerable part of such operations for more than a short time. Judicious economies can be made and will, I am sure, be employed by the staff. Adequate planning in advance must be depended on to maintain operations at desirable levels.

Details of the finances are contained in the report of the auditors, Horwath and Horwath (see below for an abbreviated form). I recommend that all who are interested in the fiscal affairs of the Association read the report and audit. I am sure that the treasurer will be glad to answer any questions concerning it.

I wish to express my sincere thanks to the staff and others who have been helpful to the treasurer.

ACTION: The report of the treasurer was accepted without revision.

ASSOCIATION OF AMERICAN MEDICAL COLLEGES Chicago, Illinois

Consolidated Balance Sheet as at August 31, 1952

Assets

CURRENT ASSETS

Cash	
Petty cash	\$ 200.00
Travel advances	200.00
In banks	
First National Bank of Chicago	
General	67,656.85
Operating	7,664.37
Bank of Montreal	1,864.54
TOTAL CASH	\$ 77,585.76

63rd Annual Meeting

Loan receivable from the National Inter- Association Committee on Internships (contra).....	5,000.00
Accounts receivable—employees.....	101.00
Deposit—United Air Lines.....	425.00
Prepaid insurance	62.32
Postage stamps	433.68
TOTAL CURRENT ASSETS	\$ 83,607.76

Investments

United States Government bonds— Series G—face value.....	\$33,000.00
United States Treasury bills—cost.....	56,729.82
TOTAL INVESTMENTS	89,729.82
TOTAL ASSETS	\$173,337.58

Liabilities and Reserves

CURRENT LIABILITIES

Federal income tax withheld from employees.....	\$ 1,781.07
Federal retirement tax.....	287.80
Loan payable to the committee on Student Personnel Practices (contra).....	5,000.00
TOTAL CURRENT LIABILITIES	\$ 7,078.87

DEFERRED INCOME

China Medical Board grant.....	50,000.00
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RESERVES FOR RESTRICTED FUNDS

Schedule A-1	71,091.94
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GENERAL FUND RESERVE

Balance—August 31, 1951.....	\$30,321.72
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EXCESS OF INCOME OVER EXPENSE

September 1, 1951 to August 31, 1952—Exhibit B.....	14,145.05
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TOTAL	45,166.77
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TOTAL LIABILITIES AND RESERVES	\$173,337.58
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SUMMARY OF INCOME AND EXPENDITURES FOR YEAR ENDING AUGUST 31, 1952

	Current Forward From 1950-51	Income 1951-52	Expenditures 1951-52	Balance August 31, 1952
Secretary's Office	—	108,149.48	84,796.94	23,352.54
Journal of Medical Education	—	34,688.87	43,196.36	(8,507.49)
Committee on Student Personnel Practices	41,328.07*	77,359.24	65,186.75	53,500.56
Medical Audio-Visual Institute	14,729.66	118,518.64	127,428.26	5,820.04
Survey of Medical Education	22,748.02	30,000.00	52,748.02	—
TOTAL	78,805.75	368,716.23	373,356.33	74,165.65

*Exclusive of a note for \$5,000 from the NICI.

SUMMARY OF BUDGETS FOR 1952-1953

	INCOME			EXPENDITURES		
	Grants	Other	Total	Salaries	Other	Total
Secretary's Office	44,200	22,075	66,275	28,900	37,375	66,275
Journal of Medical Education	16,535	41,000	57,535	21,500	36,035	57,535
Committee on Student Personnel Practices	13,000	87,000	100,000	46,000	54,000	100,000
Medical Audio-Visual Institute	43,820*	6,180	50,000	28,300	21,700	50,000
TOTAL	117,555	156,255	273,810	124,700	149,110	273,810

*Includes \$18,820 to be secured.

REPORT OF THE DIRECTOR OF STUDIES

JOHN M. STALNAKER: At the annual meeting in 1950 your Executive Council appointed a director of studies for the Association. This is his second annual report.

No effort has been made to separate the work for the Committee on Student Personnel Practices from that for other constituent parts of the Association. All work of the director of studies is financed from funds assigned to the Committee on Student Personnel Practices.

The report of the Committee on Student Personnel Practices outlines the main activities undertaken. The present report is used to make a few general observations.

Basic to many types of studies and reports is an accurate and complete file of records. The maintenance of accessible records presents problems of cost both to the central office and to the sources from which the data come. How complete and how accurate should such central files be? What uses should be made of them?

Four basic types of records are now in existence in the central office:

1. First, there is a file on punched cards of names and scores of all candidates who have taken the Medical College Admission Test. This file of 73,000 names is maintained at little cost and without trouble to the medical schools.

2. A more difficult file to maintain is that of 27,000 students now enrolled in

medical schools and a record so far as it is reported of the success of these students. The reason this file is difficult to maintain is that it requires that 80 schools submit complete records and keep the central office promptly informed of drop-outs, new registrations, return of old students, etc. A subcategory of this file is a file of students who have dropped out of medical school and the reason thereof. The studies which are based on these records are many and significant. To take a single example, the detailed reports to the undergraduate colleges of the records of their students in medical school are reported by the colleges to be of value to them and have provided a device that is prompting better relations between college and medical school.

3. A third type of file is that of applicants to medical school. This file is essential if one is to determine the number of students applying to all medical schools. It also permits a study of the number of students making reapplication even if not to the same school. The studies on the file are basic. Applicants for admission to the current (1952-53) freshman class, for example, numbered 16,780, a drop of 3,000 from a year ago. They made a total of 56,000 applications, a drop of 14,400 from a year ago. From the peak year of 1949-50, there has been a drop of over 7,500 individuals applying for admission to medical schools, although during this same period there has been an increase of over 400 places in the freshman class. Such statistics should give pause to state legislatures that have forced restricted admission to residents. These restrictions have a detrimental influence on the quality of men being selected for that state. Such figures call attention to the need for encouraging more able students to consider medicine as a career.

4. A fourth file now in the central office on punched cards is a file of the teachers in medical schools. This file was developed by the AAMC with the cooperation of the Health Resources Staff of the Office of Defense Mobilization. It is a rich source of needed and useful information not otherwise available. Two studies made by the Office of Defense Mobilization of these records now have been published in our Journal of MEDICAL EDUCATION. Additional studies are planned.

The director of studies and his staff have served as the operating agency for the NICI, a task requiring large amounts of time and energy. The mechanics, or actual operation of the matching plan, have gone ahead smoothly as a result largely of the work of E. C. Smith of the central office staff. He is responsible for the technical perfection of the plan and for unbelievably long hours of work at the critical periods. There is some pride in the fact that there were no errors of any kind in the first official run of the matching plan. If one assumes the confirmed confidential lists of students and hospitals were an accurate reflection of genuine choice, then the matching carried out these expressed desires without a single slip.

The values of a matching plan are many and have been described repeatedly. In the long run, the chief value will be that of encouraging students to devote more serious consideration to the particular internship and to the quality of training they will receive. It never can be repeated too frequently that the plan does not allow the central clearing house any opportunity for judgment or control or decision-making. No student can be matched to an internship unless he says he wants that internship. The system, of course, is not perfect. It is a centralized plan in that a central clearing agency is one of the necessary features. Thus, the advantages and the disadvantages of the local board arrangements with greater local responsibilities are absent. It is a complex plan because it deals with a complex problem. Like chess, it cannot be understood or appreciated without some sustained attention. The plan is not designed to deal with the main problems surrounding the internship, one of which is the excess of places available over graduating seniors.

The virtues of the plan would be immediately obvious if the supply roughly equaled demand. However, the plan right now has great advantages for the serious student and is completely fair to the hospital. It will gain ready acceptance to the extent that the deans support it fully. At present it is gaining student support from almost all institutions except Pittsburgh, where about half the class are in the plan, and Georgia, with 60 per cent participating. There are over 6,200 students participating and almost

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all approved hospitals except a number in the Pittsburgh area. The support of the constituent associations has been great. Drs. Youmans and Mullin of this Association, Drs. Anderson and Leve- roos of the AMA, and Dr. Crosby representing the hospital association have all worked to make the plan succeed. As it becomes more thoroughly appreciated, more enthusiastic supporters will be gained.

The need for more attention to the student applying to medical school is obvious. From an abundance of applicants we are going into a period where intensive and effective recruitment will be essential if quality is to be maintained. Because of the extreme variation in admission practices by the medical schools, the student is frequently placed in a position where a much older and wiser person would be at a loss as to how to act ethically and sensibly. Could not all medical schools wisely agree on somewhat more uniform procedures of admission without losing their individuality?

Research in the field of tests of motivation, interest and emotional stability is being conducted by many agencies. Your director of studies has kept in touch with some major research activities in these and other fields by serving on certain governmental and other committees. He continues as a member of the Scientific Advisory Board to the Chief of Staff of the Air Force—a time-consuming but important assignment. He is a consultant to the National Science Foundation on its fellowship problems, to the research committee of the College Entrance Examination Board, to a committee of the National Research Council, and follows closely the research activities of the Educational Testing Service.

With the support of the Executive Council, he has been devoting a considerable portion of his time for the current year (1952-53) as a consultant to the Ford Fund for the Advancement of Education in reviewing existing scholarship programs at the high school to college level. In particular, attention is being devoted to the extent to which economic barriers which might be overcome by scholarship aid are really keeping able high school seniors from entering some college or university, and to techniques for discovering the potentially able students from poor high schools.

The problem has long-range implications for students planning to study medicine.

Over the three years your current director of studies has been with the Association, major developments have taken place. The office of the AAMC has been the scene of effective action. In spite of almost mushroom growth, the able office staff under the friendly guidance of Dean Smiley has developed into a productive organization. The pleasure of being one of the bat boys for the major league team having the Hinsey-to-Berry-to-Darley play should not go unmentioned. A more able, energetic and effective trio, backed by a sounder and more conscientious Executive Council, would be difficult to find.

ACTION: The annual report of the director of studies was accepted without revision.

REPORT OF THE MANAGING EDITOR

WILLIAM SWANBERG: This brief report also will incorporate the report of the chairman of the Journal Committee.

Although this is the second report I have been privileged to present to this Association, it is the first to present a complete volume of the *Journal of MEDICAL EDUCATION* published by the present editors.

The 1952 edition has been the largest in the Journal's history. Comments coming to us indicate that it has been, as well, one of the most interesting and informative. We recognize that we still have a long way to go, but we are encouraged by the many kind things that have been said about the progress made thus far. Welcome financial help from the Markle Foundation provides partial support for the Journal in its time of transition. Also, funds from the China Medical Board provide one gift subscription to any foreign medical school requesting it. Thus far, 120 foreign schools have asked to be placed on our mailing list.

For the most part, each issue of *MEDICAL EDUCATION* acts as its own regular report to you. The 1952 Journal shows several added sections, a rearrangement of the news, new typography and layout and other changes. I would prefer to omit the details of these developments and take the opportunity this time provides to discuss some of

the plans and problems of the Journal's future.

The 1953 Journal will be a monthly. Editorial plans already have been developed for the year. These plans include three symposium issues—each member of the Journal committee acting as a special editor for his particular issue:

In March, Dr. Robert Moore of Washington University: the position of the part-time faculty member in medical education.

In May, Dr. James Faulkner of Boston University: medical teaching on the ambulant patient.

In November, Dr. Lowell Coggesshall of the University of Chicago: the use of paying patients in medical teaching.

The Journal Committee has been extremely helpful and cooperative in the editorial planning for 1953. And we welcome your own comments, criticisms and contributions at any time.

The number of original papers submitted to the editor has doubled in the past year. We think this a good indication of the growing interest in the Journal and will permit greater selectivity and improved quality for our articles section.

On the business side I would like to focus on one central point: the promotion of individual subscriptions. We need all the help you can give us to produce the largest number of paid subscribers. Our efforts during the past year have tried to demonstrate that the Journal is becoming increasingly valuable and, indeed, is worth buying. As a bimonthly, the Journal cost \$5; for the monthly, we have set subscription prices of \$7 for one year, \$12 for two years and \$15 for three years.

We plan to solicit paid subscriptions from every source. And we ask you to suggest any ways you think would be effective in obtaining these subscriptions at your school, especially among the many part-time staff members. Our best estimates indicate that there are about 25,000 listed in the college catalogs as members of medical school faculties.

This subscription effort is designed to put the Journal on a realistic base. It is the best way I know for it to grow effectively. Only if we do this can the Journal make its essential contribution in the service to which we are all dedicated.

Through the contribution of significant material and by calling the Journal to the attention of your entire faculty group, we invite you to participate actively in the growth and development of a superior Journal of MEDICAL EDUCATION.

ACTION: The annual report of the managing editor was accepted without revision.

REPORT OF THE DIRECTOR OF THE MEDICAL AUDIO-VISUAL INSTITUTE

DAVID S. RUHE: This is the first report of the director of the Medical Audio-Visual Institute, delivered in conjunction with the report of Walter A. Bloedorn, chairman of the Committee on Audio-Visual Aids. The report of the committee concerns itself with the policy determination and guidance of the Institute. The report of the director of the Institute is an operational summary of work accomplished or now in progress.

The evolution of the Institute's broad program toward the development of effective support for audiovisual instruction in the medical schools continues to be carried forward in six fields: information and cataloging, consultation and liaison services, distribution and utilization, curriculum integration, experimental production, and training.

INFORMATION AND CATALOGING: The development of effective local audiovisual services depends to a large degree upon valid sources of information of many different types obtained from national agencies. Such information must be collected, sifted and brought to the attention of selected medical groups whose special needs require these facts. The Institute seeks to develop a national information center with several routes for reaching medical school faculty groups.

1. By means of the greatly intensified publication program of the Journal of MEDICAL EDUCATION, it has been possible to go far with the publication of the work of the Institute. Condensed film reviews, news notes, brief articles and study articles have been published. "Medical Education and Magnetic Sound on Film" should be mentioned as a special survey article. Reprints have been circulated widely. It is hoped that all nonobsolete material may be reprinted

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at intervals as a yearbook for reference by medical educators. With the monthly schedule of Journal publication beginning January 1953, space available for the reporting of audiovisual information will expand, and the greater frequency of publication will permit more effective contact with medical instructors.

2. The Library of Congress motion picture reference cards are being produced in increasing volume. The Co-operating Medical Film Agencies, which comprise the Institute, the Committee on Medical Motion Pictures of the American Medical Association and the Committee on Medical Motion Picture Films of the American College of Surgeons, have supplied more than 200 data sheets for processing through the library's precision machinery. Introductory sample sets of five cards have been distributed to the medical schools through the deans. Subscriptions for this card service are now available from the library. It should be indicated that the U. S. Office of Education is supplying data to the library on all government-produced medical motion pictures, and that data is being supplied by other agencies such as the National Film Board of Canada, the British Information Services, et al. Therefore, subscriptions to the card service include far more than the work being done by the Institute and the cooperating agencies. Over 100 cards have been printed so far. During the forthcoming year it is quite possible that a total of perhaps 1,500 cards deriving from all sources will be available to medical libraries and departments.

3. Periodic collection and mailings of significant reprints of literature have been undertaken as a source of ancillary audiovisual information for the audiovisual coordinators of the medical schools. Two News Pouch mailings have been sent to the coordinators; material sent has covered a wide range of audiovisual information.

4. Cataloging and evaluative reviewing of 63 films in the cardiovascular diseases was completed under a grant from the National Heart Institute (discussed later).

5. Unlimited publication is in process for all reviews amassed during the past three years of evaluative film study. First to be published, by the Health Education Council, will be a volume of 51 reviews in psychiatry and mental

health. Second volume to be published will be the study of motion pictures in the cardiovascular diseases. Subsequent volumes will be issued as funds become available. Each collection of reviews is supported by analytic papers which are the summation of the studies and which point to the current trends of motion picture production and utilization in that specialty.

6. The "Bulletin of Medical Teaching Motion Pictures Now in Production" has been discontinued. After the fourth bulletin it was clear that the service was premature in the medical film field despite the obvious need for a production clearing house.

7. From time to time, when circumstances warrant, special bulletins will continue to be issued by the Institute. A recent bulletin concerned itself with medical school support for local applications for educational television channels now available.

CONSULTATION AND LIAISON: From its inception the Institute has been asked to supply expert consultant services to individual medical schools and to a multitude of medical organizations. Much of this service has been of an interorganizational nature, and has been a means of liaison with the many others concerned with medical audiovisual education.

1. In order to achieve closer liaison with medical school faculties, each medical school has been asked to name an audiovisual coordinator who was conceived ideally to be an educator, not a technician. Each coordinator was to serve as the channel for information to his faculty, the focal point for distributional and utilization services. Ultimately, each was to become the hub of improved audiovisual discipline and training in his faculty group. The coordinators have been named in almost every school, and the evolution of two-way exchange between schools and the Institute has begun. The coordinators of the schools are registered in the Association's *Directory*.

2. General consultative services have been given to many medical schools, largely by correspondence, but also by direct contact. Apart from routine inquiries, the Institute has been asked to consult with 16 medical schools on specific and often wide-ranging audiovisual problems.

3. Thirty-three medical organizations have consulted the Institute concerning their audiovisual needs, certain ones repeatedly. Federal and state government agencies, medical societies, medical specialty organizations, health agencies, pharmaceutical concerns and business companies have requested a wide variety of assistance. It is worth noting, in this day of hungry television channels, that seven requests for aid derived from general television programs of various kinds, each of which was searching for medical footage.

4. Many individuals have consulted the Institute, largely for program assistance in postgraduate and lay health teaching assignments. The nature and range of these inquiries have made clear the value of precise and detailed central sources of film information.

5. In collaboration with the Association and as a contribution to the determination of Institute activities and directions, Tom Jones, professor of medical illustration at the University of Illinois College of Medicine, undertook an exploratory tour of 10 southeastern medical colleges to exchange ideas with faculty members, to survey audiovisual facilities and to discover the needs of the several schools.

6. In extension of past contracts, the Institute has again selected the new professional medical films for the U. S. Information Service, U. S. Department of State, for their 1952-53 programs in key nations abroad.

7. In continuation of liaison activities the director of the Institute has served as the co-chairman of the Motion Picture Committee of the American Public Health Association, as a board member of the nontheatrical magazine *Film News*, as a corresponding member appointed by the International Scientific Film Association, and as an audiovisual committee member of the New York State Medical Society. Talks were given to the Association of Special Librarians, which includes the hospital and medical school librarians, the Photographic Society of America, the American College of Surgeons and the American Academy of Pediatrics.

DISTRIBUTION AND UTILIZATION: Effective distribution of audiovisual materials to the medical schools requires the construction of an administrative pipeline capable of delivering many kinds

of audiovisual materials quickly and cheaply on demand. The Institute is continuing to explore this area in a number of ways. J. Edwin Foster has become associate director in charge of utilization, and has assumed responsibility for development of the program.

1. Continuation and expansion of the "film publication" program of the Institute has added a number of new titles to those available in the past, largely as a result of the training and production work which has occurred throughout the year. A short excerpt from "Thrombosis and Embolism" is available. "A Cinematographic Study of the Mitral Valve *In Situ*," whose revision from a research film was a fellowship training project by Leo Leveridge, is available. An excerpt on a normal home delivery will shortly be available from the Georgia Maternity Project. The large number of films from the Cancer Short Films Project covers a wide variety of subjects. The criteria for inclusion of new films in the film publication program are being evolved. A rotating fund of \$2,500 has been allocated to the capitalization and operation of this film publication under Mr. Foster's direction.

2. As a first step toward development of an audiovisual distributional route to every medical school, Mr. Foster has begun the organization of preview circuits based upon the experiences and patterns of the National Film Board of Canada and the school systems of the U.S.A. Two trial circuits of 10 medical schools each have been organized and are now in the first week of operation. Circuit organization will be carried out for this first year during the winter and spring of 1953. All American and Canadian schools will be involved in order to test in practice the special problems of the circuit idea for the medical schools. A full 1953-54 schedule is planned.

All production and distribution of audiovisual materials, however competent and thorough, must result in disciplined and intelligent utilization in the classroom or staffroom. The chain of supply must be completed in the teacher-consumer. Better materials and methods are worthless unless the teacher seizes and applies them to improve his teaching. Informing and assisting the instructor is the function of utilization. Equipment and classroom design

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will follow after knowledge and motivation.

1. Collaboration is continuing in the expansion of a regional medical film library now being developed jointly by the New York State Department of Health in Albany under Granville Laramore, and by the New York State Medical Society with John L. Norris as chairman of a committee.

CURRICULUM INTEGRATION OR AUDIO-VISUAL MATERIALS: Almost every facet of Institute activity contributes to the integration of audiovisual methods and materials into the medical school curriculum. However, three continuing efforts are in process:

1. Collaboration is under way with Western Reserve University School of Medicine during its important curriculum revaluation and reconstruction program. Bernard V. Dryer, director of the AV-TV laboratory in that school, has continued his long association with the Institute, and the Institute has contributed to the evolution of the school's audiovisual development.

2. The Institute has carried along its long-term contacts with the cancer co-ordinators of the medical and dental schools, not only with their new audiovisual committee, created to guide the short films project, but with individual coordinators as well.

3. Under a grant from the National Heart Institute and in collaboration with the American Heart Association and the cardiovascular coordinators of the medical schools, the Institute has completed a comprehensive and evaluative survey of the films available for the teaching of cardiovascular diseases. Publication of the study is imminent. It is anticipated that the trends of production and utilization in this subject matter area may be strongly influenced by the study report.

EXPERIMENTAL PRODUCTION: Audiovisual production by the Institute has a number of objectives, most important of which is the exploration of ideas and methods contributing to a better understanding of the role of the audiovisual media in medical education. In addition, the experience of creative work is considered essential to the development of expert consultanship by the Institute staff and associates.

1. "A Cinematographic Study of the Mitral Valve in Situ" was revised by Leo L. Leveridge as a part of his train-

ing experience. It was modified from a research film prepared by Elliott Hurwitt and Adrian Kantrowitz at the Montefiore Hospital, New York City.

2. A grant from the National Cancer Institute for "The Study, Production and Experimental Utilization of Short Motion Pictures for the Teaching of Oncology in the Medical Schools" has permitted the exploration of new ideas regarding the individualized use of motion pictures in a broad area of the curriculum.

By means of excerptation, combination of footage from differing sources, retracking of sound and new cinematography, the production of more than 20 short films of varied type and use potential has been made possible. A sounder perspective has been gained both of the type of production which may be most feasibly undertaken in the medical school photographic unit, and of the kind of film short which will have the widest application in the medical school classroom.

3. A contract with the Georgia State Department of Health for a training film in home delivery techniques applicable to southern rural midwifery is permitting the further exploration of the planned film excerpt idea. Such excerpts from films made for audiences other than the medical colleges are conceived to be a key method for the division of good film materials, otherwise unacceptable, to the use of the medical teacher.

TRAINING AND PERSONNEL: The coming demand of the medical schools for well-trained AV-TV personnel requires the development of a number of well-rounded medical specialists who are aware of the unique environment of the medical school, and who are fully trained in the special skills and knowledge of medical communication. In order to evolve the basis for an effective future training program, the Institute has been able to combine certain operational responsibilities with training during this exploratory period of three years.

1. Leo L. Leveridge, M. D., surgeon, was an Institute fellow for six months, working primarily in the cardiovascular films study, and is now with a pharmaceutical company in charge of their professional film program.

2. Floyd S. Cornelison Jr., M. D., psychiatric resident, is continuing his part-

time fellowship during his psychiatric residency at Boston University. His program not only includes psychiatric research employing the camera plus other productional experience, under careful guidance, but will lead to an M.A. in motion picture technology from Boston University.

3. Part-time consultants in the several evaluative studies in cardiovascular diseases and psychiatry have, apart from their work with the Institute, taken additional formal work in audiovisual methods. Mrs. Marie Coleman, consultant in psychiatry, has become a staff member of a newly organized scientific film company.

Adolf Nichtenhauser, M.D., apart from his vital staff status to August 1, 1952, has contributed the historical observations for the cancer short films study and, with the assistance of several part-time consultant specialists, has been responsible for fulfillment of the contract with the U. S. Department of State.

V. F. Bazilauskas, M. D., and Norman P. Schenker, M. D., have acted as production consultants in the cancer short films project. George C. Stoney has carried Institute staff responsibilities for the Georgia maternity project, and for certain consultant activities. Norton M. Luger, M.D., and Henry Weintraub, M.D., internists, have carried the bulk of the cardiovascular film survey.

ADMINISTRATION AND FINANCES: In order to effect administrative consolidations and geographic centralization of services, upon the recommendation of the Committee on Audiovisual Aids, the Executive Council authorized a move of the Institute offices and staff to Chicago, effective September 1, 1952. With administrative integration of the Institute into the headquarters office and greater focus of program efforts toward direct tangible medical school services, new policies will develop regarding the functions both of the Committee on Audiovisual Aids and the Advisory Committee.

Financial support has derived in part from the Alfred P. Sloan Foundation, from the China Medical Board, from the Association, and from miscellaneous earnings of the Institute.

CONCLUSION: Within each area of its broad six-point program aimed at the diagnosis and treatment of audiovisual aids in the medical school, the Medical Audio-Visual Institute has made significant progress. The full development of stable information services, expert consultation and research and development in medical visual education will depend both upon the support of each school individually and upon the ever increasing recognition of the advantages provided through proper use of audiovisual tools in the medical school curriculum.

ACTION: The annual report of the director of the Medical Audio-Visual Institute was accepted without revision.

Reports and Recommendations of Committees

REPORT OF THE COMMITTEE ON AUDIOVISUAL EDUCATION

WALTER A. BLOEDORN, chairman: The Committee on Audiovisual Education has concerned itself primarily with the program of the Medical Audio-Visual Institute. The committee has held two meetings and has maintained informal liaison between the members and the Institute staff throughout the year. The committee has stressed the importance of wider and more direct services to the medical schools.

The need for a uniform medical motion picture library card file reference

was emphasized. Continued cooperation with the Library of Congress was assured. Fifty cards have so far been printed by the library from material supplied by the Cooperating Medical Film Agencies (e.g. the Institute, the Committee on Medical Motion Pictures of the American Medical Association and the Committee on Medical Motion Pictures of the American College of Surgeons). Additional cards on government-produced films are now available for subscription.

Personal letters were sent to professors of anatomy and pathology of all medical schools requesting information

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and opinions regarding their present use of all types of audiovisual materials. The replies have been assembled and analyzed. A report will be sent out to all departments concerned.

The appointment of audiovisual coordinators in each medical school was recommended; most schools have now designated an appointee. Coordinators are conceived to be medical educators rather than technicians, persons through whom improved audiovisual methods and materials may reach each faculty. Coordinators will greatly aid in servicing and assisting the faculties in the disciplines of audiovisual utilization.

The programs of film publication and planned preview circuits were outlined for execution by J. Edwin Foster, the new associate director in charge of utilization. Film publication comprises the discovery, modification and distribution of films applicable to medical school teaching; such films usually are unique research record films. The preview circuits plan proposes to send a new selected audiovisual program each week to the audiovisual coordinator of every medical school for his showing to the proper faculty groups in the school; such planned preview of newly available materials is designed to obviate the present obstacles to departmental preview of valuable new teaching materials.

The Journal of MEDICAL EDUCATION, under its expanded publication program, is regarded as the route of regular publication for Institute studies, reviews and news articles. Monthly publication, beginning January 1, 1953, will offer increased opportunity for regular information to the medical schools on all aspects of audiovisual instruction. Reprinting of information as pamphlets or books was suggested.

A clear policy regarding experimental motion picture production was defined. It was agreed that the Institute would be authorized to accept direct service contracts originating with medical schools. All other production projects would be subject to examination and approval by the Audiovisual Committee and the secretary of the Association.

Publication of the many unpublished film reviews, with their accompanying analyses, was outlined. Procedures for publication subsidy and distribution of reports on evaluation were suggested.

The committee recognizes the importance of training audiovisual fellows under Institute auspices and recommends that such a program be undertaken. Specially trained personnel will be of great assistance in developing the audiovisual and television programs of the medical schools. The program would comprise the training of full-time fellows in audiovisual education at the Institute, the training of medical school audiovisual coordinators at the Institute and assistance in seminars concerned with audiovisual methods and materials at the medical schools.

The plans for the experimental production of short films for cancer teaching was approved as an important experiment in the use of "slides in motion" in the medical school curriculum. Continuing cooperation with the medical school cancer coordinators was urged.

Continued financing of basic Institute activities was outlined and plans made both for basic and project support.

The committee recommended the transfer of the Institute to Chicago, as a new base for integrated activities within the Association offices. This transfer was effected as of September 1952.

ACTION: The report of the Committee on Audiovisual Education was accepted without revision.

REPORT OF THE COMMITTEE ON ENVIRONMENTAL MEDICINE

DUNCAN W. CLARK, chairman: *Part I.* At a meeting in Chicago on February 10, 1952, decision was made to avoid committee inquiry and activity in areas that would overlap contemporary studies by the preparatory committees planning the conference on the teaching of preventive medicine and which the Association of American Medical Colleges was cosponsoring.

Consequently, in temporarily foregoing undergraduate education, consideration was given those spheres of house officer experience which are of interest to the Committee on Environmental Medicine. For example, is it possible to study and document the attitudes, skills, functions and roles of house officers in the management of medico-social problems? In the belief that direct observations might be possible with the full-time assistance of a social scientist and

the cooperation of a selected cross-section of schools, recommendation was made to the Executive Council of the AAMC that such a project be sponsored by the Association and funds be sought for a two-year study.

The suggestion of the committee was considered by the Council and the decision made that the project selected was not one that should be sponsored by the Association as a whole. It was suggested that the project be planned in a single institution and possibly financed by a foundation grant for that institution.

Part II. The 1951 report of the committee dealt with a summary of recent developments in medico-social teaching in American and Canadian colleges. Somewhat parallel and complementary to this record are certain features of recent British experience. These are selectively and briefly detailed for what such information may contribute to the 1952 meeting of the AAMC which has preventive medicine as its central theme. This portion of the report is recorded as the responsibility of the committee chairman who visited Great Britain in the summer of 1952 on a World Health Organization fellowship. To as large an extent as possible the material is drawn from British medical literature.

Space does not permit advertance to many of the recent changes in British society which have directly or indirectly contributed to modification of its system of medical education. That the recent development of one such phenomenon—the recognition of social medicine as a university discipline—is a reflection of things occurring in society as well as within medicine itself seems quite clear.

Phenomena within medicine which are credited with contributing to the evolution of a British concept of social medicine include such diverse elements as dissatisfaction with excessive specialization, technology and preoccupation with disease of the parts to the neglect of the whole person; inadequate professional concern with health promotion; too little knowledge of the prevalence of all kinds of illness in the community and the appreciation that many such may owe their origin to social, domestic and occupational maladjustment; the likely circumstance that modern society itself is sick; the need in a university for a department concerned with cure as

well as prevention and where research in the sphere of biological studies involves large numbers of human beings, either natural population groups or entire communities; the evidence that the complexity of the problem calls for the approach of representatives from the social as well as the health sciences, etc.

Since 1943 departments of social medicine have been established in about half the medical schools of Great Britain. There is neither universal acceptance that this is the most appropriate title nor, what is more important, precisely what the province of the department is to be.

The decade just completed in Britain was witness to attacks on existing practices in medical education together with many constructive recommendations for reform. Particularly useful were the contributions of the following:

The Interdepartmental Government Committee on Medical Schools (Goodenough Committee), 1942-44; the Royal College of Physicians of London, 1942-47; the Medical Curriculum Committee of the British Medical Association, 1945-48, and definitive but limited action on certain of these recommendations by the officially charged agency, the General Medical Council, 1947.

While these committees dealt with the whole of medical education, consideration will be given here only to their respective judgments on the development and place of social medicine.

The Goodenough Committee held there was no generally accepted definition of social medicine and believed it unnecessary to attempt to frame a comprehensive statement. As used by the committee, the term included disease prevention and signified a particular conception of medicine, one that regards the promotion of health as a primary duty of a doctor, with heed to man's social environment and heredity as they affect health and recognition that the personal problems of health and sickness may have communal as well as individual aspects.

The report went on to specify that "... if medical students are to become advisors and members of a new comprehensive health service, the ideas of social medicine must permeate the whole of medical education. A new orientation of medical education, a big expansion of the social work of teaching hospitals

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and radical changes in the outlook and methods of most of the teachers are involved. At the present stage of development it is difficult and undesirable to define in detail the scope of the training. This matter is one which can be satisfactorily settled only in the light of experience gained from experiments. Nevertheless, the general lines which the training should follow seem clear."

It was recommended that the basis of knowledge of social medicine be introduced in anatomy and physiology. The clinical period of training in social medicine should include:

- (A) Proper emphasis throughout clinical studies in the social and preventive aspects.
- (B) Personal investigations of social and industrial conditions.
- (C) Instruction in the communal and administrative signs of disease prevention, the history of preventive medicine and the evolution of medical and social services.

The Interim Committee on Social and Preventive Medicine of the Royal College of Physicians of London produced four reports in the period 1942-46. The second dealt with the teaching of the subject and was published in October 1943 with Sir James Spence and Dr. A. A. Moncrieff serving successively as chairmen of the committee. A distinction between social medicine and preventive medicine was held to exist, the latter already existing as an established branch of medicine, being more executive in outlook and comprising the design and direction of measures for the preservation of health and prevention of disease.

Social medicine represents a relatively novel point of view and is concerned with the social environment and heredity so far as they affect health and well being. As a subject, social medicine must become the background of both preventive and curative medicine in the future. While the idea of preventive medicine and the social background should permeate the whole curriculum, the course in preventive and social medicine should be much more closely linked with the clinical subjects through the medium of social study; its curriculum should grow and expand through the three clinical years.

It was recommended that every med-

ical school establish a department of social and preventive medicine, that it organize a modernized course in the subject to replace the present course in public health, that in addition to theoretical teaching it bring the student into close touch with the active organization of the community, that the importance of industrial medical problems be given recognition, that student health services be established and used as an instrument of teaching and that all teaching hospitals employ social workers in the instruction of students.

In 1945 the Council of the British Medical Association appointed a Medical Curriculum Committee under the chairmanship of Professor Sir Henry Cohen "to review the association's report on medical education (1934) in the light of later developments and the requirements of modern practice."

One part of the report, which was released in 1948, comments on the increasing recognition of the broadening horizon of public health. "The conception of public health has come to cover not only the traditional study of environmental conditions and communal health, but the whole problem of preventive medicine and the background of disease. The term social medicine is often preferred as a truer description of the content of this branch of medicine." ". . . social medicine . . . is concerned with the place of the individual patient in his environment and the reaction of the patient to the environment."

In their judgment, the whole subject needs to be completely re-oriented and instruction in it should be emphasized by all teachers throughout the clinical period and, secondly, there is needed a systematic course of teaching spread over the entire three-year clinical period. Field work and socio-clinical conferences should be arranged. Industrial medicine should be taught as a part of social medicine.

The recommendations of the General Medical Council have an important influence on medical education in the United Kingdom. This body, comprised for the most part of university representatives, is charged by Parliament with granting medical qualifications for conferment of the right of registration under the Medical Act. In the performance of this function, it inspects examinations and periodically issues recommendations

with respect to the courses of study and examinations to be gone through, etc.

The new (1947) set of recommendations for professional education specified that with respect to social medicine and public health:

1. Instruction should be given in:

(A) The principles of preventive medicine, including epidemiology.

(B) The influence of heredity and environment, including occupation, on health and disease.

(C) The principles of health education.

(D) The functions of central and local authorities and voluntary organizations, and the nature and objects of the public health and medical services they administer.

2. During courses of instruction in clinical subjects the attention of the student should be continuously directed by his teachers to those aspects of medicine as a whole which are now comprehensively described as "social medicine" by such means as official and voluntary agencies and services, health centers and the skills of ancillary workers.

The council indicated that they were in agreement with the Goodenough Committee on the desirability of leaving the scope of instruction in social medicine free from any attempt at rigid definition; for this reason the council limited their recommendations to the broad general terms cited above.

Within the universities, the significance of the advent of academic social medicine was less in what the subject was named and in whether it should acknowledge public health, clinical medicine or the social sciences as parent or distant relative; rather, it was in the fact that a field of study wide in scope and charge was created, one destined to have full departmental status and to be supported on a whole-time basis. The latter is particularly important. A common practice in the past had been to depend on the local officer of health and his associates for instruction on a part-time basis. With his other duties there was, of course, little time for research. Accordingly, several of the recently appointed professors of social medicine regard research as their most important function in the quite logical belief that a recently recognized university discipline must so justify its existence. At

one university, 80 per cent of the time of the full-time staff is devoted to research and the quite full teaching program derives considerable support from part-time teachers who thereby made such investigation possible. The high standards and quality of the British *Journal of Social Medicine*, founded in 1947, bears testimony to the productivity of some of these so recently established academic departments.

The Nuffield Provincial Hospitals Trust appears to have played a significant role in encouraging the development of academic social medicine in the United Kingdom, with financial assistance in the establishment of full-time professorial chairs in social medicine, industrial medicine and child health.

In all quarters there is agreement to the need of experimentation in the organization of instructional programs in social medicine. The following are cited as examples of teaching patterns, administrative and other arrangements now emerging. They do not, in some instances, represent the principal educational activities in the field of the university mentioned:

(A) *Edinburgh*: At the point of activation of the National Health Service it was realized that an affiliated free dispensary, in use for the instruction of medical students since the 18th century, might go out of existence since each patient was destined to become a private patient. The teaching situation was saved by acceptance by a full-time member of the department of health and social medicine of responsibility for the clinic population as their general practitioner. A most effective program in total medical care with a strong emphasis on social factors has been developed. It is an elective program, 12 weeks in length, for students in their final year.

This example is one of the few where undergraduate students in Britain have any opportunity to observe directly the nature of general practice, although the majority apparently are destined for such a career. The example is also cited because Professor F. A. E. Crew believes that the object of attention of social medicine should not be the individual but the group and society itself. Although the above program was developed in his department, he regards it as total medicine, not social medicine, and there was recently under consideration at his in-

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tiation separation of the program from his aegis and establishment of inter-departmental committee direction for it. The laboratory appropriate to social medicine is believed to be the local community itself.

(B) *Manchester*: The problem of access to families for the purposes of education is a universal one in Britain. The medical faculties consist of hospital consultants or specialists and general practitioners function for the most part outside the range of the medical school.

At Manchester, with the assistance of the Nuffield Trust and Rockefeller Foundation, a health center accommodating four general practitioners and maternal, child welfare and school health clinics is expected to open in 1953. Its use in teaching is not anticipated before 1955.

The potential value of the center seems to extend well beyond the local opportunity to demonstrate family and clinical preventive practice to medical students. The concept of local health centers as functional coordinating units in medical care has been discussed for a generation. The National Health Service Act of 1946 charged local health authorities with the provision and maintenance of health centers in which medical, dental, pharmaceutical, local health authority, health education and outpatient type specialist services would be included. Few such have been started in view of their construction cost among other reasons. There is needed first of all experience and experimentation with prototypes such as the one at Manchester.

Viewed with some concern by Professor C. Fraser Brockington is the present-day multiplication of social and health agencies, each infringing in an uncoordinated and unrelated manner on the family unit so as to become in effect an additional disintegrative force. Consequently, in the design of professional services, preservation of the integrity of the family unit is to be sought simultaneously as the main objective and standard. Manchester's new health center ultimately offers an unusual opportunity for experimentation in the delivery of coordinated services.

(C) *Sheffield*: One of the most highly organized programs in social medicine so far as community participation is concerned is that developed at the University of Sheffield by Professor Hobson.

Following four lectures in the introductory clinical course, there is a full-time four-week clerkship in social medicine in the fourth year, lectures in the fifth year on the social pathology of various diseases and a course in public health and industrial hygiene (30 lectures and 12 practical visits) in the sixth year. Also in the final year, each student is assigned for two weeks to a general practitioner, accompanying him in all his daytime activities.

The clerkship in social medicine is clinically oriented and begins with assignment of hospital patients whose home and family are visited in the company of a social worker. There are visits to a coal mine, steel works, rehabilitation center, industrial medical clinic, hospital social service, public health nursing service, etc. The teaching methods include lectures, social case instruction, practical instruction in the field and tutorials, the latter on the study of set problems of social pathology, after-care, geriatrics, etc. They also serve the purpose of interpreting the student's practical and field work.

(D) *Birmingham*: Professor Thomas McKeown has developed a curriculum in social medicine that extends from the introductory clinical course throughout most of the terms that follow in the three clinical years.

Unusual features include the efforts at integration by instruction with and on the time of other departments; for example, sessions held during the medical clerkship.

In the introductory clinical period there are lectures followed by joint medico-social case presentations by the professors of social medicine, medicine and surgery. Three case histories are presented at each of the five morning sessions attended by the class in groups of 12. Cases selected are those which illustrate the common problems.

(E) *Glasgow*: An important administrative arrangement exists which facilitates the instruction not only of undergraduate but postgraduate students seeking the diploma in public health as well. Professor Ferguson attributes the close and congenial relations between the university and the city health department to the practice in which the professor of social medicine is formally appointed consultant to the Glasgow health department, and the medical officer of

health and two of his associates are appointed honorary lecturers in the university department of social medicine.

(F) *Oxford*: Instruction in social medicine is conducted principally on the time of other clinical departments and in association with them. Alice Stewart is acting director of the Institute of Social Medicine succeeding the late Professor John Ryle, holder of the first chair in social medicine in the United Kingdom (1943).

(G) *Cambridge*: The subject at this university is known as human ecology, and full departmental status has been accorded; it had previously been established as a division of medicine. The head of the department is Professor A. Leslie Banks, and his unit is quartered in an attractive, newly constructed building which includes gymnasium and other facilities for student health. The development of preventive services for students is an important objective. Instructional opportunities are limited by the fact that Cambridge is a preclinical school and this subject in Britain receives its greatest emphasis in the three clinical years.

Reports of the experiences of still other university departments of social medicine could be mentioned. But the requirement of brevity makes impossible any attempt at a complete review of the many examples that could be cited. Nor is there space, unfortunately, to consider the personal interpretations of social medicine as these have appeared in the writings of those most active in advancing this field.

One source of information with respect to research in progress may be found in a publication which may not be widely known to medical schools in this country, namely, the "Register of Research in the Social Sciences," published annually for the National Institute of Economic Research, London, by the Cambridge University Press. It lists some of the research projects by departments of social medicine as well as in other university units representing the social sciences.

ACTION: The annual report of the Committee on Environmental Medicine was accepted without revision.

REPORT OF THE COMMITTEE ON FINANCIAL AID TO MEDICAL EDUCATION

VERNON W. LIPPARD, chairman: The

committee has continued to work with national organizations and the federal government toward a solution to the financial problems of medical education.

Several members of the committee have testified as individuals at hearings of the President's Commission on the Health Needs of the Nation, and have taken the stand that additional support for medical education from all available sources, public and private, is needed urgently. They have been unwilling to endorse compromise measures which would endanger the independence and freedom of action of the schools or encourage expansion of enrollment at the cost of maintaining acceptable standards.

The interest of Congress in S-337 subsided with the approach of the presidential election and an active campaign in support of its passage did not seem to be indicated at that time. It should not, however, be considered a dead issue because there is a strong bipartisan group in favor of such legislation and a similar bill will probably be introduced when Congress meets again in January. The member colleges voted in favor of federal aid along the lines of this bill in December 1950, and January 1951. Unless instructed to the contrary, your committee will continue to advocate favorable action.

Attention of the committee also has been called to HR-3371, introduced by Mr. McKinnon on March 20, 1951, which authorizes an annual appropriation for medical education, administered by the National Science Foundation, for a period of five years, the amount not to exceed one-fourth of one per cent of the amount appropriated in the preceding fiscal year to the Department of Defense. No positive action has been taken in support of this bill.

The National Fund for Medical Education and the American Medical Education Foundation have distributed \$2,820,910 to the medical schools to date and show promise of becoming increasingly important sources of unrestricted revenue. If these voluntary efforts are to succeed, however, they will require active support by the medical schools and not merely passive acceptance of the grants. Deans and other faculty members are urged to advise the donors re-

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garding the important role these funds are playing and to cooperate in every way possible.

One of the most serious obstacles to gaining financial support on a national basis is the lack of a well grounded estimate of current and future needs. In an effort to obtain information on which an estimate could be based, a questionnaire was circulated. Many of the schools made conscientious efforts to appraise their deficiencies but others failed to respond or, because of unusual local situations, provided data which could not be used. This problem will be discussed at the hearing of the committee.

ACTION: The annual report of the Committee on Financial Aid to Medical Education was accepted without revision.

REPORT OF THE COMMITTEE ON FOREIGN STUDENTS

FRANCIS SCOTT SMYTH, chairman: The committee has continued to function at a continually accelerated pace since December 1950.

The policy is still primarily confined to the acceptance of such applicants for consideration as will return to their native lands to teach or help the cause of medical education. The committee continues to work through the Conference Board of Associated Research Councils, the Institute of International Education and such governmental agencies as the Public Health Service.

At our institution these candidates include 20 who were departing some time during the year 1952, 19 who arrived or are arriving some time during the latter part of 1952, 10 candidates whose period of training will extend beyond 1952, and three lecturers whose stay was brief—not to mention the visitors—all of whom represented 26 different countries. In a survey of 26 schools, excluding our own University of California School of Medicine, and covering 234 foreign doctors, we find the following: 143 in U. S. on personal funds, 49 in U. S. on various U. S. government grants, 30 in U. S. on private foundation grants, 12 in U. S. on foreign government grants, a total of 234.

Our report of February 1952 related the primary problems created with the influx of foreign doctors in America for study. A new avenue of difficulty has

become manifest in the increasing number of American graduates of foreign schools. This was discussed in a conference called in New York City in June 1952 (Council on Medical Education and Hospitals, AMA), and some effort will be directed toward preprofessional educational institutions where, at present, little or no concern or information is found on the ultimate problems of licensure and the quality of medical education itself in foreign schools.

With the idea of coordinating and developing an effective program for foreign scholars in the various fields (Mutual Security, Technical Cooperation Administration, Public Health and the various other exchange visitor programs), a meeting of representatives of medicine, dentistry, nursing and governmental agencies took place at the Surgeon General's office of the Public Health Service. It is hoped as a result that the formation of a central registry will enable us to know the placement of foreign health professionals through federal and private agencies. A bulletin is proposed for distribution to embassies and consular offices to aid in more thorough screening of the foreign applicant at the source.

Greatest effort during the past year has been exerted in behalf of direct liaison between American and foreign schools of medicine; in our case with particular emphasis on all problems relating to Indonesia and the University of California School of Medicine. It is hoped that such affiliation as now exists between Washington University in St. Louis and Thailand will become a reality between the University of California and Indonesia, and between the University of Pennsylvania and Burma. Many current problems would resolve themselves and whatever new difficulties appeared would be easier of solution in such a setup. Future reports on this venture will be forthcoming.

The chairman of this committee feels that the greatest potential benefit can be achieved in this type of zone interest—not only in aiding international understanding, but in assisting in the achievement of highest possible standards in medical education in areas of the world where physicians are so desperately needed.

ACTION: The annual report of the Committee on Foreign Students was accepted without revision.

REPORT OF THE COMMITTEE ON INTERNSHIPS AND RESIDENCIES

JOHN B. YOUNMANS, chairman: During the past year the committee concluded the major portion of its work in setting up the machine matching plan for the appointment of interns and, along with the other associations and agencies concerned, turned over the operation of the plan to the National Interassociation Committee on Internships. This is, as most if not all of you know, an agency organized to operate the matching plan. It is composed of representatives of the Association of American Medical Colleges, Council on Medical Education and Hospitals of the American Medical Association, American Hospital Association, American Protestant Hospital Association and the Catholic Hospital Association. Provision is made for liaison representatives of the federal agencies interested in internships and for student representatives.

Current representatives of the Association of American Medical Colleges are F. J. Mullin, president of the NICI committee and a member of its Executive Committee; John B. Youmans, chairman of the AAMC Committee on Internships and Residencies, and John M. Stalnaker, AAMC director of studies.

Policies and operation of the committee are subject to the approval of the parent bodies. Consideration is being given to incorporation of the committee. The operation of the matching plan and the results of that operation for the first year have been reported in published form by the committee to medical faculties, hospitals and others concerned, and undoubtedly are well known to you.

It is sufficient to note here that the results were successful beyond expectation and despite certain criticisms, most of which were the result of the magnitude of the operation conducted of necessity in great haste, the results more than justified the procedure. Of particular importance is the overall improvement in the quality of internship secured by students as a whole and the very general and enthusiastic approval of the plan by the students.

Approval for operating the plan a second year has been given by the associations concerned, including the Association of American Medical Colleges through its Executive Council. Plans for 1952-53 (for internships beginning July

1, 1953) are well advanced. An even more successful operation is expected from this time on.

As would be expected, the operation of the machine matching plan resulted in considerable activity on the part of your chairman in the way of correspondence and other communications regarding the nature of the plan, information as to its operation, answers to inquiries and replies to a certain number of complaints and criticisms on the part of students, hospitals, schools and others.

In the setting up and operating of the machine matching plan, as in the previous plan, all members of the Committee on Internships and Residencies have rendered great assistance in securing the acceptance of the plan on the part of students, faculties and hospitals, in explaining, advising and assisting the schools, hospitals and students in their respective areas. They have been particularly useful as a means of communication with the students and institutions affected and have made it possible to secure wide acquaintance with, and response to, directives and instructions in a more rapid and accurate fashion than would otherwise have been possible. The chairman takes this opportunity to express his thanks to the members of the committee for their generous and effective help.

During the past year the committee, through its members and under the direction of Jean Curran, prepared a revised and current list of hospitals appraised as to the quality of their internship. This revision, which is the first since 1948, is practically complete for all hospitals offering internships and will be the subject of much discussion at the current meeting of the committee and Association at Colorado Springs.

Two other activities concerned with the internship should be mentioned. As stated in last year's report, the Council on Medical Education and Hospitals of the American Medical Association appointed an Advisory Committee on Internships to study the problems of the internship. Your chairman is a member of that committee and during the year has participated in its work. As has been reported previously, the Committee on Internships and Residencies has recognized the need for further and continuing study of the internship, particularly from the point of view of a consideration of its purpose, its place in the edu-

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cation of the physician and how its objectives are best to be secured. The resolution of Panel J of the Round Table held at Lake Placid has not been forgotten. In view, however, of the appointment of the Advisory Committee on Internships of the American Medical Association, it is felt that another full-scale study of the internship should be deferred for a time. It is planned to include the internship in the series of teaching institutes to be sponsored by the Association of American Medical Colleges.

Certain problems and proposals which have arisen in regard to the residency will be presented and discussed at the current meeting of the Association.

An additional activity of the committee is a study of the method used by the medical schools to advise students regarding the choice of an internship. Preliminary analysis of the data obtained was completed since the report was prepared and is presented here in preliminary form.

Inquiries were addressed to all medical schools and replies were received from 31. Table 1 describes in general the type of procedure used.

Table 1

	Number of Schools
Meetings about internships:	
Interviews with all students	7
Meetings; individual interviews optional	20
Individual interviews with all	4
Individual interviews optional	17
No comment	3

The most common pattern is, first, to have a meeting with the entire class at which general aspects of internships are presented and discussed, and then allow the student to take the initiative in seeking advice from members of the faculty. There may be more than one meeting of the entire class. Topics such as the matching plan may be discussed, and some schools are willing to schedule a few special meetings with hospital representatives. In several schools the first meeting is held in the spring of the junior year and students are urged to contact and visit hospitals during the summer vacation. The chairman of the internship committee or the individual in charge of internship selection, usually the assistant dean, may hold an interview with every student individually, but the more common pattern is to allow

this to be done informally. Many of the letters state that the students are free to consult any of the faculty for advice on internships.

Twenty-one of the letters state that they have a committee on internships. Most of the other schools state that a specific individual is in charge of this. The individual is usually someone from the dean's office; i.e., the dean or an associate or assistant dean. The major responsibility of this group or individual has been indicated above. Another responsibility often assumed is that of writing letters of recommendation and evaluation to the hospitals.

Thirteen schools mention that they maintain a file on internships which is available to the seniors. This file usually contains all announcements received from the hospitals and in some cases contains letters of evaluation written by graduates of the school at the end of their internship year. Another source of information to which some schools refer their students is the *JAMA* internship number.

The amount of actual advice given in the schools varies much more than the above summary indicates. The following comments, pulled at random from the letters, illustrate this:

"We attempt to dissuade students from interning in hospitals that give poor training but are financially attractive."

"Special emphasis is given to hospitals affiliated with the school."

"We attempt to guide the student in selecting a hospital of a quality neither too high nor too low for him."

"We encourage all but the best to select an internship which will lead to general practice."

"It has been our experience that students seek multiple sources of informal advice regardless of how much authentic information is placed before them."

"It has been the opinion of the executive faculty that the authorities of the school should enter the picture only on an informal basis."

"Our practice is to determine the motivation of the student, his desires and his plans for postgraduate training."

"Assigned counselors meet several times with groups of six or seven students to discuss the various types and aspects of interning."

"We advise students to apply for internships where they have a possible chance of obtaining an acceptance."

Further study and analysis of the replies may yield additional information and conclusions of value.

ACTION: The annual report of the Committee on Internships and Residencies was accepted without revision.

REPORT OF THE COMMITTEE ON LICENSURE PROBLEMS

CHARLES A. DOAN, chairman: At the February 1952 meeting of the Executive Council of the Association of American Medical Colleges, it was decided to create a new Committee on Licensure Problems to take under advisement the future relationship of this statutory function of the individual state boards to the medical schools of this country. This committee had its first organizational meeting yesterday morning here in Colorado Springs after some exchange of correspondence during the late spring and summer months, and yesterday afternoon our first open committee hearing was held.

A number of current problems were enumerated and discussed with representatives of the Federation of the State Boards of Licensure who were present and who cordially welcomed this evidence of concern and interest on the part of this Association. They indicated their willingness and desire to receive any suggestions which might come out of a full and free review of present practices. (Following the reading of this report at the morning session November 11, both Dr. Bierring and Dr. Schaffer confirmed this attitude and further invited a liaison joint committee between this Association and the federation to more effectively focus the thinking of both groups on the points which had been raised at the open committee hearing.)

1. The committee's attention was first called to the wide variety of standards used by the various states in admitting candidates to their respective state board examinations. Only 26 state boards require that physicians applying for licensure should be graduates of medical schools approved by the Council on Medical Education and Hospitals of the American Medical Association; 18 state boards require that the school have council approval and medical college membership in the AAMC; three boards require only that the medical school

have membership in the AAMC; seven boards use these standards as an "informal" requirement only; the remainder rely entirely on the legal requirements specified in their own medical practices acts. Would it be desirable to have greater unanimity and uniformity on the part of state boards in accepting accreditation recommendations of the Council on Medical Education and Hospitals of the A.M.A. and the Association of American Medical Colleges.

2. Should state licensing boards accept accredited medical school diplomas in lieu of further written or oral examinations, reserving the right to examine or reexamine all other candidates applying for the privilege of practice, and to pass on the credentials of each candidate in terms of practical experience, intern and residency training, etc.?

3. The types and quality of the examinations vary widely from state to state now, resulting in limitations on reciprocity and restrictions as between states in the moving of physicians from state to state. There is no presently available central information on the state board examinations in these particulars. There are no minimum standards such as exist relative to medical education. Should there be any standards and, if so, whose function is it to get such facts and bring them to the attention of the responsible state boards? The National Board of Medical Examiners now is transforming its examinations to the objective, multiple-choice form. The Professional Testing Service of the American Public Health Association is beginning to introduce this type of comprehensive written examination to the state boards and is currently analyzing the results in three pilot states this year. Should an effort be made to extend this type of examination further, and if and when both national board and state boards reach essential agreement, should their respective examination results become mutually interchangeable?

4. The economics involved in multiple licensure requirements for changing locations of practice has become a major consideration for young physicians. The current total cost of the three parts of the national board examinations is \$85. For those who apply for state licensure by reciprocity or endorsement, the state fee may be two or three times the fee

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for the local state board examination. Should the states continue this practice or require only a nominal transfer registration fee where the adequacy of the previous licensing examination is agreed upon?

5. Should more states provide for "temporary licensing" of the resident staff on temporary training periods in our approved hospitals so that these young physicians may be adequately insured against malpractice suits?

6. What should be the long range policy regarding the licensing of other than Class A medical school graduates; that is, from the so-called cult schools?

The statutory requirements for a license to practice medicine by the individual states was conceived basically to protect the citizens of any given state against exploitation in health matters. How may we best achieve this end and at the same time be completely fair to both physicians and public?

7. What should be the attitude of this Association and the federation on the basic science law requirements for board examinations for licensure?

Doubtless other questions will be raised and your Committee on Licensure Problems will welcome any suggestions for the better handling and solutions of present problems. Obviously no specific recommendations for action on any of these questions are yet ready for presentation to the Executive Council or the Association at this time. Your committee nevertheless would like to endorse the invitation of Dr. Bierring to collaborate in a joint liaison committee with members to be designated by the Federation of State Medical Boards, so that joint consideration of these problems might be undertaken at the next annual meeting of the federation, which will be held in Chicago next February 1953.

ACTION: The report of the Committee on Licensure Problems was accepted without revision.

REPORT ON LONG-RANGE PLANNING

WARD DARLEY, chairman: The outcropping from the medical colleges of such cooperative activity as that of the National Interassociation Committee on Internships, currently being conducted under the directorship of John Stalnaker, is certainly important from a long-range standpoint.

The applicant studies are important as they may be applied to helping develop better methods of selecting medical students, but the fringe benefits also are considerable because much of the data being accumulated can be applied in other badly-needed studies.

The change that is taking place in the *Journal of MEDICAL EDUCATION* has very important long-range implications, as has the work of the Medical Audio-Visual Institute.

There are, in fact, many things the Association does that are of importance. In this connection, the list of publications, which appears in part on the back of the little *Directory*, should be mentioned.

I think the change in the type of meeting that this Association holds is important and has important implications from the long-range standpoint.

In addition to the teaching institutes, it is highly important that we do a better job as far as public information is concerned. This is a responsibility that we owe the American public as well as an activity that has a great bearing upon the medical schools receiving the proper support from the public.

ACTION: The report of the Committee on Long-Range Planning for the Association was accepted without revision.

(Condensed from a transcription of Dr. Darley's remarks at the Business Meeting, Tuesday, November 11.)

REPORT OF THE COMMITTEE ON NATIONAL EMERGENCY PLANNING

STOCKTON KIMBALL, chairman: Working through the Joint Committee on Medical Education in Time of National Emergency, the activities of this committee have included testimony before the Armed Forces Committee relative to the UMT bill which was circulated to the schools; meeting with the Veterans Administration to urge that in the new G. I. educational bill internships and residencies, both specialty and general practice, and postgraduate courses, be classified as institutional rather than on-the-job training; meeting with the Department of Defense concerning the recommendations for new legislation to follow Public Law 779; initiation of a pilot program of medical education for national defense in five medical schools as a means of teaching military and civilian personnel in disaster medicine,

and which may serve to replace the ROTC in medical schools. This was discussed by Dr. Olson, chairman of the subcommittee which developed this program.

This pilot program has been approved by the Executive Council of this Association, and a resolution will be introduced tomorrow recommending approval by this Association of this program and its extension to some other schools.

Problems of student residencies and faculty deferment have been considered by the committee. The following factors in this complicated problem as brought out in the discussions over the last few days need special emphasis:

Student deferment: Because of the adoption of standards for deferment of students, the medical student cannot be deferred on the basis of standing below that of the undergraduate student. The medical student must have a grade of 70 or above in the Selective Service test, or be in the upper 50 per cent of his senior class in college. It is possible that the Selective Service may raise this standard in order to reduce the size of the pool of deferred college students. This year a few students have been inducted from medical school because they fell below these standards. It is recommended that when a student is accepted, he be notified of the need to keep up his senior year work so that he does not dip below the upper half, a situation which unfortunately does occur at times after the student has achieved his goal of acceptance in the medical school.

Any individual medical student induction problem may be carried beyond the local board and appeal board to the office of Selective Service headquarters.

Faculty deferment: The classification of all Priority III physicians in 1-A with the request to report for physical examination has had very disturbing effects. Although the law requires that the calls into military service in Priority III be in order of age, this age ratio has not been observed in calling up physicians for examination. It should be realized that when any faculty member has been put in 1-A, unless he is found physically disqualified he will remain in 1-A unless reclassified. Request for reclassification must initiate with the faculty member concerned and with the dean of the medical school, and may be made at any time prior to such date as he may be

ordered for induction. Because the Armed Forces do not care for physicians who qualify for higher rank, it is not now anticipated that physicians over the age of 35 or 40 will be called. Calls for younger Priority III physicians may be anticipated during the coming spring.

A resolution is being prepared for submission to Selective Service, pointing out the need of securing a stable policy for the deferment of key faculty members whatever their priority, and for an orderly program of entrance into military service of those considered by the medical school as available. A recommendation has been made for the establishment of a central advisory and possibly regional advisory committee of deans of medical schools or their representatives to advise on essentiality of faculty members. Since it is common experience that existing local and state advisory committees in many areas are not so constituted as to be qualified to judge objectively and do not judge fairly oftentimes the essentiality requirements of medical school faculties, this has been considered.

In response to suggestions made at this meeting, attempt will be made to draw up for circulation to medical school advisory committees and local boards a statement of standards or significant features for essentiality of faculty members. If further special selective service legislation becomes necessary following the expiration of Public Law 779, representatives of this committee will work with the Department of Defense in an effort to achieve legislation which will not be disrupting to the faculties of medical schools. The joint committee will keep in close communication with the military authorities to minimize the effects of these ever-recurring crises on a sound program of medical education.

ACTION: The report of the Committee on National Emergency Planning was accepted without revision.

REPORT OF THE COMMITTEE ON PUBLIC INFORMATION

L. R. CHANDLER, chairman: Your Committee on Public Information held two meetings during the year and submits the following recommendations for adoption by the Association:

1. Each medical school should create an office of public relations and informa-

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tion, either within its own administration or as an integral part of the office of public relations and information of its parent university. This office should be responsible for dissemination of information to the rest of the university and to the public concerning the place, obligations and accomplishments of the school of medicine, using all the devices of communication including radio and television.

2. The Association of American Medical Colleges should represent to the public and speak for the medical colleges of the United States.

3. There shall be established in the central office a position of public relations and information representing all of the medical schools to the public on broad educational and medical school problems, this office to be occupied by a person trained in public relations and with experience in medical education and medical school problems.

4. That the membership of the Committee on Public Information be amended to include the following: three official representatives of members of this Association, three public relations officers of members of this Association, the officer of public relations and information of the Association of American Medical Colleges, who shall be secretary of the committee.

5. The expenses of the office of public relations and information in the central office of the Association shall be financed by an increase in the annual dues of each member of the Association which shall be used specifically for this purpose.

ACTION: The annual report of the Committee on Public Information was referred to the Executive Council for further study.

REPORT OF THE COMMITTEE ON STUDENT PERSONNEL PRACTICES

GEORGE PACKER BERRY, reporting for CARLYLE F. JACOBSEN, chairman: The Committee on Student Personnel Practices was established in 1946, and charged with the responsibility of developing a program of research and other activities in the broad field of student personnel, including the handling of a medical college admission test. In March 1947, a small staff was employed and the first office established at the University of Iowa. In the fall of 1949, the office was

moved to Chicago and integrated into the central office of the Association.

The work of the committee has expanded over the years, as is indicated from the increase in its expenditures from about \$14,000 in the year 1947-48 to over \$65,000 in the year under report. The necessary funds have been obtained from special grants and from the surplus of student fees over the actual cost of handling the testing program. The surplus in testing fees has been considered as restricted and earmarked for the exclusive use of student personnel studies.

The admission test, since October 1949, has been handled for the committee by the Educational Testing Service, and this arrangement has worked to the satisfaction of both agencies. The committee has complete control of the policy governing the test, its development and administration, and even the fees charged. The number of students being tested has decreased markedly, dropping from almost 27,000 in 1948-49 to less than 12,000 in 1951-52. This decrease of almost 15,000 candidates in four years will sharply decrease the amount of funds from this source which are available to the committee.

Almost all medical schools require the admission test of their applicants. The decrease in the numbers taking the test is accounted for by the decreasing number of students displaying interest in medicine and the decrease of the G. I. bill students.

The test is believed by the committee to be useful in admission procedures by supplying additional independent significant information concerning all applicants. The committee recommends that the test results be used in conjunction with all other evidence which the school collects about the applicant.

The committee recognizes that measures of the strength and nature of the forces motivating the student to study medicine would be of practical value. This area is not covered by the current test. The committee has followed the work being done in developing tests of interests, and plans to undertake further studies in this field. Likewise, the committee recognizes the need for dependable measures of emotional stability and maturity, and plans work in this area. Some of its preliminary work suggests that it would be profitable to direct attention more toward the potential pro-

ductivity of the applicants, rather than to minor personality conflicts or other minor overt psychopathology.

Interviews have become a basic part of the admission procedure in many medical schools, and through the interview the schools attempt to assess the motivation and stability of the applicant. The committee continues to support studies in this field, since the interview is used to assess these important characteristics. At present no final significant results have been clearly established. On the basis of the studies undertaken, it appears that single person-to-person interviews may be best, and that some advantage will be gained in obtaining more complete information about the applicant if one of the several interviewers is a woman. The applicant should have, say, three interviews in rapid succession. Some individuals appear to be more skilled in interviewing than others. Training of interviewers so they will know what to seek through the interview appears to be desirable.

The study of students applying to medical school is a large scale undertaking of the committee. Thirteen cumulative lists of accepted applicants were published between November 30, 1951, and August 15, 1952, and distributed to medical schools. The final list of accepted applicants contained over 7,000 names although two medical schools, Howard and Wisconsin, had made no report on applicants at that date.

The study of the number of applicants cannot be undertaken until reports from all medical schools have been submitted. The continued present cooperation of the medical schools in this arduous task is appreciated. It is hoped that the general statistics can be reported at the Annual Meeting. It now appears that there again will be a drop in the number of applicants for the third successive year. The studies planned for the applicant group include a study of the group which reappears, and of the test scores of the admitted and rejected applicants. Publication of these studies is planned for January 1953.

The committee is sensitive to the interests and needs of the undergraduate colleges preparing students for the study of medicine. The booklet on admission requirements of the medical schools was published in its second edition, and a third edition is scheduled for publication in November 1952. Distribution of

the test scores of the applicants from each undergraduate college is sent to that college. In May 1952 each undergraduate college having a student in medical school was sent a report giving the names of the students, the medical schools they are attending and how well each student is doing. These reports proved helpful to the colleges according to the many letters received from them. It is planned to continue this service annually.

The committee is maintaining in the central office records of all students in medical schools. When a student drops out of medical school, the medical school reports to the central office the reason for the student leaving. A comprehensive study of withdrawals over the last five years is now in progress and should be reported to the Association within the next few months.

The committee, with the approval of the Executive Council, distributed questionnaires to all medical schools for basic information necessary for the establishment of a faculty register. This work was undertaken in conjunction with a governmental agency interested in the same information. After the forms were received, they were submitted to the government for processing and preliminary study. Thus far two studies have appeared in the *Journal of MEDICAL EDUCATION* based on these records, and further studies are in progress. The committee is studying the usefulness of such a register to determine how frequently the faculty should be recirculated to keep the register up to date.

Questions concerning the problems associated with the admission of women to medical colleges have been referred to the committee for study. The staff is now reviewing the existing literature dealing with the problems and statistics concerning women in medical school and in the practice of medicine. The committee may undertake a study of the activities of women who graduated from medical schools during the years 1930 to 1945, inclusive, to determine the extent to which they now are practicing medicine, and the type of medicine they are practicing. If this study is undertaken, it will be done after consultation with other groups concerned with the problems.

The committee undertook the preliminary studies which resulted in the crea-

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tion of the matching plan for internship appointment. The director of studies of the committee and his staff have handled the actual operation of this plan. Although actual control and operation of the plan now are directed by the National Interassociation Committee on Internships, and the costs paid by them, the CSPP continues to watch the development of this work. The committee believes the plan is working to the advantage of the student and that it can be used to direct attention to the important characteristics of the internship training by a hospital.

The committee now has been in existence for six years and believes that it is time to lay plans for continued effective operations for the next several years. Such a review and planning session is scheduled for the year 1952-53.

ACTION: The annual report of the Committee on Student Personnel Practices was accepted without revision.

REPORT OF THE COMMITTEE ON VETERANS ADMINISTRATION—MEDICAL SCHOOL RELATIONSHIPS

R. HUGH WOOD, chairman: Following the last meeting of the Association of American Medical Colleges in October 1951, this committee has been active in following up the recommendations made at that time. We can report no progress in the matter of reorganization of the Veterans Administration as suggested by this Association and by the Senate subcommittee. The reason offered to us is that the Booz, Allen and Hamilton management survey, completed some months ago, is still under study and has not been released to the public. This committee is encouraged to believe that this report will strengthen the position of the Department of Medicine and Surgery.

Likewise, no action can be reported on the recommendation to place the relationship of the Veterans Administration to the medical schools on a contractual basis. In January 1952, Robert B. Aird, chairman of the dean's committee in San Francisco, called attention to the nebulous nature of the medical school's relationship with the Veterans Administration and recommended that the dean's committee be given authority commensurate with its responsibility. It is to be hoped that due consideration will be given to this recommendation

when the Veterans Administration has completed its study of organization and procedure.

Members of this committee have been active in pursuing other matters pertaining to the educational program of the Veterans Administration. There was a joint meeting with the Special Medical Advisory Group in Chicago on February 10, 1952, and the chairman attended two panel discussions with the President's Commission on the Health Needs of the Nation, at which time the entire medical program of the Veterans Administration was discussed. Several items of interest derived from these activities will be mentioned here.

Nonservice-Connected Patients: A study of the public laws pertaining to veterans hospitals as well as VA directives places the responsibility for confusion of policy in the hospitalization of the nonservice-connected cases squarely at the door of Congress. It seems clear that it will be most difficult to plan a comprehensive program of medical care for veteran patients unless and until Congress specifically defines what medical care will be offered, to what class of veteran patients it will be offered and under what circumstances. Congress has never seen fit to meet these three specifications.

Reprints: The Veterans Administration has been asked if it were possible to defray the cost of purchase and distribution of reprints of papers published by VA residents. Under present interpretation of law, the cost for distribution to physicians and hospitals outside of the Veterans Administration is not permitted. This question was discussed at the meeting of the Council of Chief Consultants, September 29, 1952. It was suggested that the problem might be solved if an adequate number of reprints were purchased for VA distribution; then there would be no objection to the author distributing a reasonable number to outside people, provided he paid the postage himself.

Civil Service Rating of Hospital Personnel: There have been frequent complaints during the past year that ward attendants and other technical personnel of VA hospitals have been downgraded when the latest rulings of Civil Service were applied. This has been particularly troublesome in pathology. The job description for laboratory technicians set up by Civil Service is not

applicable to the usual services performed by technicians in the hospital laboratory. It is more nearly applicable to scientists in the field of public health. This matter has been thoroughly considered by Dr. Brines, chief consultant in pathology, and by Dr. Callender, chief of pathology in central office. It is suggested that by consultation with Dr. Callender a more careful working of the job description, which would still comply with the description required by Civil Service, would enable hospitals to keep their laboratory technicians at a suitable grade.

Dentistry in the Veterans Administration: The role of dentistry in the VA medical program has been discussed at various levels during the past year. It is the opinion of the chief medical director that since dentistry is a part of medicine it should be closely coordinated with the other medical and surgical specialties as part of a comprehensive medical program. Efforts to make the dental service autonomous, which would prevent the proper integration with medicine and surgery, should be resisted. This is the thinking which now prevails. Recently John E. Fauber was appointed assistant chief medical director in charge of dental services in central office. The indications are that a much better understanding of this entire problem will be obtained in the future. It has been suggested that a representative for dentistry be appointed as a member of the dean's committee or that a dental subcommittee of the dean's committee be set up.

Malpractice Insurance for VA Residents: Loren Chandler has asked if it were not possible for the Veterans Administration to provide malpractice insurance for the members of the resident staff of VA hospitals who do not now have such coverage. The comptroller for Stanford University stated that they could not be included in the university malpractice policy because they are neither paid by nor under the immediate jurisdiction of the university administration. Dr. Chandler estimated that the cost of this insurance varies from \$68 to \$125 per year, depending upon the type of service or nature of coverage. It is the opinion of the chief medical director and others in central office that such a provision by the federal government would be impossible.

To quote the chief medical director: "It is a broad overall policy of the federal government not to take out insurance for people or things. It is, therefore, difficult to see how an exception can be made for residents in VA hospitals . . ."

Reduction in Appropriation for the Department of Medicine and Surgery for the Current Fiscal Year: It will be recalled that the House of Representatives voted to reduce the appropriation for the Department of Medicine and Surgery by \$91,413,570. Following protests by a number of deans' committees of the various schools, the Senate restored part of these funds. There remains, however, a reduction of \$31,000,000 below the cost of operation during the previous fiscal year. This represents serious difficulties in carrying on the program of medical care under the present policy. Two important factors emphasize the difficulty. Because of the Korean situation, about 1,000,000 veterans are now being added to the nation's rolls annually. The statistics in the central office indicate that this will bring about an increase of 13 per cent in the number of veteran patients hospitalized annually. The second factor is due to inflation which has elevated the cost of all drugs and medical supplies.

The impact of this reduction in budget was discussed by the Council of Chief Consultants on September 29 and 30, 1952, at its meeting in Washington. It was the consensus of this group that it would not be possible to operate all the present VA beds with this reduced appropriation without lowering the quality of care. It was further the opinion of this body that the time had come for the administrator to carry out the declaration he has often made to Congress and to the public: that he would close hospitals rather than lower the standard of care of veteran patients. A resolution proclaiming this idea was passed by the Council of Chief Consultants, a copy of which has been sent to the deans' committees.

In the distribution of this reduction in budget (\$31,000,000), the Veterans Administration reduced the fund for payment of attending and consultant physicians by \$1,000,000. The hospitals received notice of this reduction when it was applied to the quarter beginning

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October 1, 1952. The amount varies in different hospitals from 33½ to 50 per cent. On the date this report is written, information has been received from the deans' committees in Cincinnati, New Orleans, Richmond, Chicago and Atlanta to the effect that this reduction seriously handicaps the operation of hospitals; that it will reduce the quality of care rendered to patients, and that it will threaten the accreditation of the residency training programs in these hospitals. Information also has been received from central office to the effect that consideration is being given to a transfer of funds for the payment of consultants and attending physicians, with the hope that serious damage to the medical program can be forestalled during the next two quarters. It is still the hope of the Veterans Administration that the next Congress will pass a deficiency appropriation to restore these funds.

The point has been made by officials in central office that even if the administrator and the President should take action to close a sufficient number of VA hospitals to bring about a saving of \$31,000,000, this amount could not be made applicable for several months because of the time required to close out hospitals. While this statement is true, it does not constitute sufficient reason to avoid the issue of closing the less efficient hospitals so as to operate the remainder at the present level of quality. It is, therefore, the opinion of this committee that thoughtful consideration should be given by the Association of American Medical Colleges to the resolution passed by Council of Chief Consultants.

It is the recommendation of this committee that action be taken which will clearly indicate to the Congress and to the public that the continued uncertainty in matters of policy, practices and budget for the operation of the Department of Medicine and Surgery constitutes a serious threat to the medical care of veteran patients. Such uncertainty reduces the morale of staff and undoubtedly will cause many employees, particularly physicians and other medical and surgical specialists, to leave the Veterans Administration; it will lower the standard residency training program in the affiliated hospitals, and it will make most difficult the continued affiliation of the medical

schools with the medical program of the Veterans Administration.

Addenda to the Annual Report of the Committee on Veterans Administration—Medical School Relationships, Colorado Springs, November 11, 1952:

The two open meetings of this committee held on November 9 and 10 were well attended. The present difficulty resulting from insufficient funds in the Department of Medicine and Surgery was discussed thoroughly with the chief medical director and the assistant chief medical director for education and research.

The following statement of fact would seem to be in order:

The striking improvement in the quality of care of veteran patients resulting from the participation of the medical schools in the medical programs of the Veterans Administration is well known. The chief medical director recently stated that their affiliation is indispensable. The series of difficulties and recurrent crises experienced by the medical schools endanger the excellent program of medical care, education and research.

Such crises, whether due to congressional action or to administrative action of the Veterans Administration, must be avoided if the present excellence of the medical program is to be maintained.

ACTION: The annual report of the Committee on Veterans Administration—Medical School Relationships was accepted without revision.

REVISION OF THE BY-LAWS

It was proposed that at the 63rd Annual Meeting of the Association, November 11, the By-Laws be revised to read as follows:

Section 2, Subsection I:

"A good general education including the attainment of competence in English, biology, chemistry and physics is essential for the comprehension of the medical school curriculum. For most students this will require three or four years of college education. Superior students may, in selected cases, be considered acceptable for admission to medical school after only two years of collegiate work. In all instances the final judgment as to the admissibility of these superior students will rest with the individual medical school."

Sections 4 and 5:

"Sec. 4—Any medical school or college in membership in the Association, which, on inspection, has been found not to fulfill adequately the conditions for membership in the Association, may be (a) warned by being placed on "confidential probation" for a period of two years by vote of the Executive Council, (b) placed on "open probation" after a full hearing before the Executive Council and subject to the approval of the Association at a regular executive session, (c) dropped from membership after a full hearing before the Executive Council and subject to the approval of the Association at a regular executive session."

"Sec. 5—Any medical school or college which is a member on "open probation," may be removed from probation and restored to full membership or be dropped from membership by the Executive Council, as warranted by the findings of an inspection, after a full hearing before the Executive Council, subject to the approval of the Association at a regular executive session."

ACTION: The proposed revisions of the By-Laws of the Association were accepted.

REPORT OF NOMINATING COMMITTEE

Upon the recommendation of the Nominating Committee, the following officers and members of the Executive Council were duly elected:

Officers:

President—Ward Darley.

President-Elect—Stanley E. Dorst.

Vice President—John Z. Bowers.

Secretary—Dean F. Smiley (re-elected).

Treasurer—John B. Youmans (re-elected).

Executive Council (1952-53 and 1953-54):

Joseph C. Hinsey, chairman (re-elected for 1952-53).

Robert A. Moore.

The other members of the Executive Council, elected last year for a two-year term, are Vernon W. Lippard and Edward L. Turner.

ANNUAL MEETING, 1953

The date and place of the 64th Annual Meeting were approved as follows: October 26, 27 and 28, Hotel Claridge, Atlantic City, N. J.

Reports from Related Organizations

(The following reports are condensed from reports presented by representatives of related organizations.)

SURVEY OF MEDICAL EDUCATION

JOHN DEITRICK, director: The report of the Committee on the Survey of Medical Education has been essentially completed and should be in the hands of the publisher within 30 days. It should be ready for distribution by spring and will be about 500 pages long. Each medical school, through its dean, will receive a copy and additional copies will sell for \$5 or less.

The Subcommittee on Pre-Professional Education is writing its final report and this will be published as a separate volume next spring.

THE NATIONAL INTERASSOCIATION COMMITTEE ON INTERNSHIPS

F. J. MULLIN, chairman: Over 98 per

cent of the internships offered by approved hospitals this year will be made available to the senior students through the matching plan. Approximately 11,000 internships are available to some 6,200 students who have agreed to participate in the matching plan. This represents an increase of over 550 more internships than were available last year. There are something more than 500 more students signed with NICI this year than participated in the program last year. Although exact figures are not available, this means that well over 95 percent of the eligible seniors of the country are in the plan.

The cooperation of students and hospitals in this common venture has been very excellent except in one area. There are less than 25 approved hospitals in the entire country not in the matching plan this year, and in most instances these are isolated hospitals which usu-

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ally have not had any interns for some years. In only one city is there more than one hospital not participating. Since the matching plan requires the full participation of all hospitals and all students to work most effectively on a national basis, it is to be hoped that in the future there will be complete cooperation of students and hospitals.

It seems to us on the committee that most instances of failure to understand or support the plan have resulted from inadequate communication and a failure to explain how the plan works and what it does and does not do. Without real grass roots support both in understanding and convincing others of the worthwhileness of this project, however, it will surely fail. The National Inter-association Committee on Internships acts only as a clearing house, and the actual functioning of the plan must be at the local level. With a high degree of local responsibility and with recognition of participation in something in which all other students and hospitals have a right to expect fair and honorable consideration, the full benefits of the plan can be available to all.

The matching plan has eliminated many of the difficulties of selection and notification prevalent in the previous procedures. The only significant complaint was in regard to those hospitals which tried to force students into early favorable commitments. The students regarded this as a form of unfair pressure by which some hospitals sought to exploit them and limit their freedom of choice. I am sure that with a wider understanding of the plan and a better realization of its advantages to both hospitals and students, these ethical problems will largely disappear.

With the present great disparity in numbers between internships offered and those seeking them, the student rank order list becomes quite significant while the hospital rank order list is much less meaningful. If these two groups become more nearly equal in numbers, the significance of the hospital rank order list will increase in meaning and the full value of the matching plan should be more apparent.

THE NATIONAL FUND FOR MEDICAL EDUCATION

CHASE MELLEN JR., executive director:
To date funds from the American Medi-

cal Education Foundation and more than 200 corporations total slightly less than \$3 million, which has been passed on to the medical schools in unrestricted grants: \$1,132,500 in 1951 and \$1,687,401 in 1952.

In 1952 the fund-raising effort was broadened and accelerated. A minimum annual goal of \$5 million by the end of 1953 was determined upon and the following steps taken: A special drive to foundations to raise funds to finance the expanded program was undertaken successfully; larger offices were procured; a fund-raising division was established; a public relations expert was employed; a Committee of American Industry was organized. In addition, the National Fund proposes to publish a monthly newsletter to make better known to corporation executives why high standards and advances in medical education contribute to industrial progress.

THE AMERICAN MEDICAL EDUCATION FOUNDATION

HIRAM JONES, executive secretary: The movement to raise funds from within the medical profession to assist the medical schools has evidenced considerable growth during the current year. The foundation has enjoyed an aggregate increase of more than 190 per cent in the number of contributors during the first 10 months as compared to all of 1951.

Another factor indicative of immediate future success is: an increase of over 100 per cent in the total amount contributed by individual physicians in the first 10 months of this year; contributions from individual physicians now stand at over \$225,000 as compared to \$91,390 for the previous year.

With two months left in the current year, the foundation has received over 5,400 contributions from all sources totaling more than \$800,000.

Intensive campaigns have been carried out in 12 states and many others are in advanced stages of organization at this time. This, coupled with organizational activities being carried on in 20 other states, should result in an ever-increasing flow of income during the rest of 1952.

In addition to state activity, the foundation is launching a mass mailing at the national level which will reach

approximately 140,000 individuals who are subscribers to the *Journal of the American Medical Association*. It is our hope that we will receive \$100,000 from the mailing before the end of December.

While the foundation's goal of \$2 million has not been attained and it seems safe to say that it will not be, real progress has been made in 1952. We are hopeful that the income will reach the \$1 million mark by the end of the year.

THE NATIONAL SOCIETY FOR MEDICAL RESEARCH

RALPH ROHWEDER, secretary: New York's Hatch-Metcalf Act is undoubtedly the major legislative development of 1952. The bill saves for experimental use otherwise doomed dogs and cats in public pounds and provides a source of supply for laboratories doing a large share of the nation's medical research. During the year, court actions in other states tested animal procurement laws.

General opposition to animal experimentation by the Hearst press stopped this past year. No definite new policy has been announced, but the recent practice of the Hearst papers indicates a new friendliness to medical science.

In December 1951 an organization to honor persons who have served as voluntary subjects for medical experimentation was founded with the backing of the NSMR. Called the Walter Reed Society, the group now has more than 100 members. Local chapters have been formed in several medical centers and three new groups are in formation.

Almost all science articles printed in the lay press during the past year included information about the animal experimentation needed to bring about each development. At least two national magazines, *Collier's* and *People Today*, published stories dealing head-on with the problem of antivivisection obstructionism.

The stock of literature available from NSMR includes more than 50 individual publications. Its *Bulletin* now circulates over 13,000 copies to professional and lay public and press alike. NSMR publications, together with pamphlets of proven interest and merit, are distributed widely.

Projects under way for the coming year include: (1) compilation of a survey on the exact status of animal legis-

lation throughout the world; (2) preparation of a text and picture booklet showing the status of animal research in Chicago; (3) purchase of the rights to a manuscript delineating the scope of animal experimentation which the society hopes to bring out in book form; (4) collection of papers dealing with the importance of animals to research in their particular fields from scientists working in nearly every one of the biological sciences; (5) discussions with the Advertising Council on a public information campaign on medical research; (6) consideration of a comprehensive study of laws affecting medical research in cooperation with charitable foundations which might finance the investigation.

AMERICAN COUNCIL ON EDUCATION

ROBERT L. STEARNS, executive committee: The functions of the American Council on Education, in addition to its original purpose as an organization which could speak for higher education as a whole, include being a clearing house for information and a purveyor of ideas which all educational institutions have in common.

A partial list of its current functions, as conducted by some 30 committees, is as follows: (1) matters of general education, creating breadth of viewpoint and integration of curricula; (2) consideration of uniform accounting practices; (3) problems of allotment of channels devoted to educational television and the difficulties of programming; (4) problems involving the federal government such as draft status of students, returning veterans, military program in colleges; (5) the Committee on Intercollegiate Athletics; (6) the Committee on Institutional Research Policy.

During the last session of Congress the council staff and the Committee on the Relationships of Higher Education to the Federal Government worked actively in support of an amendment to a bill originally supported by the American Red Cross. Passage of the bill amended the federal income tax to permit individual taxpayers to deduct up to 20 per cent instead of the previous 15 per cent for gifts to educational and similar foundations.

In a related area, the council has supported activities of the National Plan-

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ning Association, Russell Sage Foundation and other groups and individuals to focus the attention of business and industrial executives on the desirability of using the 5 per cent deduction on corporation taxes for gifts to education and other welfare agencies.

THE NATIONAL HEALTH COUNCIL

THOMAS D. DUBLIN, executive director: A noteworthy advance of the council during recent months has been the restatement and reaffirmation by the board of both its immediate and long-range purposes—the coordination of all national efforts to promote the health of the people. To accomplish these ends a number of policies and procedures have been established and we hope soon will be implemented, whereby:

1. All health needs of the nation are systematically and continuously reviewed.
2. The most urgent health problems facing the nation are defined and priorities for approaching these problems established.
3. Areas of agreement of the different health organizations and health interests are discovered and developed.
4. Areas of disagreement are delineated and the reasons for disagreement clarified (a vital council cannot avoid dealing with controversial issues).
5. Fields of interest, special competence and current activities of each member agency are interpreted to the council membership.
6. Mutual assistance in programs of common interest among member agencies is encouraged.
7. Joint action programs by which member agencies can most readily achieve agreed-upon objectives are studied, discussed, adopted and supported.
8. Activities in health and other areas of social welfare carried on by educational groups, industry, organized labor, social workers, agricultural organizations, etc., are related to the national health program.

Thus far the council has not concerned itself directly with the problems of medical education. This has been due in part to the principles which guide all of its activity, and in part to the fact that some of its member organizations have found other channels through

which they have been able to work effectively together. Also, it may be more appropriate for the council to concern itself, as it plans to do, more with the ancillary or paramedical personnel—areas where shortages and overlapping and conflicting interests are more apparent. Should the AAMC view a need for drawing other national bodies into its deliberation or a need for wider support and assistance, however, the council stands ready and able to help.

COUNCIL ON MEDICAL EDUCATION AND HOSPITALS

DONALD G. ANDERSON, secretary: Earlier this year we appointed a new member of our staff, Douglas D. Vollan, whose function will be to make an intensive study of basic problems in the field of postgraduate medical education. The whole field of refresher and continuation courses for physicians is one that has had comparatively little study, yet we all recognize that it is of growing importance.

The Advisors' Committee on Internships, appointed by the council last year, is reviewing the status of the internship in modern medical education in its broadest aspects. This committee is expected to complete its report within the next month.

FEDERATION OF STATE MEDICAL BOARDS

WALTER BIERRING, secretary-treasurer: We would like to express our appreciation for the opportunity of attending this meeting, particularly since a new item appeared on the program for consideration—the problem of medical licensure. It is a problem in which both organizations are intimately interested, particularly as we recognize the revolutionary changes you are proposing in medical education, and it will keep the state boards busy keeping up with you.

We hope that this interrelationship may be expanded and that there will come out of this from your Association an appointment of members for a joint committee to study some of these related problems.

CHARLES H. SCHAEFFER, immediate past president: I wish to congratulate the Association on developing a committee on licensure problems. The FSMB will appreciate your interest in these prob-

lems, and will welcome your suggestions.

I would urge that medical colleges establish a more closely coordinated policy with their respective licensure boards and national groups such as the Council on Medical Education and the National Interassociation Committee on Internships.

THE NATIONAL BOARD OF MEDICAL EXAMINERS

JOHN P. HUBBARD, executive secretary: Perhaps the item of greatest interest to you is an analysis of these sample examinations now made possible through the use of objective multiple-choice techniques. The national board has transformed its examination from the essay to the objective multiple-choice techniques, and by next April it will have completed that transformation.

The analyses herein presented have been made in cooperation with the Educational Testing Service, for it is with that service that the national board now is endeavoring to administer these examinations. This sample study is based on 14 schools which use national board examinations for all their students. Approximately 1,200 students took this examination in public health and preventive medicine last April.

The subject matter was broken down into 12 categories: communicable disease, degenerative disease, epidemiologic, occupational, environmental, public health administration, nutrition, child health, mental hygiene, sociologic hygiene and quantitative methods. The percentage of correct responses in the various categories ranged from about 85 per cent correct in communicable diseases at the top of the list to somewhat over 50 per cent correct in the categories of socio-economic aspects and quantitative methods.

There are certain limitations in the use of this material. This was one examination, and it does not indicate the efficacy of the teaching by any one teacher or in any one department. It is the teaching in that subject matter throughout the curriculum. By the end of four years, the student has gained a great deal of knowledge in communicable disease, not only in the department of preventive medicine but from other departments. Thus, I should like you to look upon this as a measure of the teach-

ing of the subject in the medical school.

We hope to conduct similar studies in other subject areas, and then we will have a basis of correlating, for example, communicable disease as it might appear from the examinations of medicine and pediatrics with the performance in that particular category for this examination. With these limitations in mind, let me indicate briefly the comparisons between schools on this examination in the student's handling of this material. In School A the performance of students was above the mean for all categories with the exception of the socio-economic aspects of medical care. In School B performance was on the positive side of the ledger with exceptions in respect to degenerative diseases and mental health. School C had swings rather strongly from the negative side of the ledger to the positive side; there were certain areas in which students appear to do well and others in which they do not do so well. In another school, all items are on the negative side of the ledger with the exception of occupational health which hits above the midline.

I wish to emphasize that as this material is made available to schools, we do not want to give the impression that there is any effort to standardize medical education or to indicate to a school or department how a particular subject should be taught. Rather, we hope to provide a yardstick which we hope to make useful so that one school may compare the teaching of its several departments with corresponding departments of other schools.

THE STUDENT AMERICAN MEDICAL ASSOCIATION

RUSSELL STAUBACHER, executive secretary: With 60 active chapters and 18,000 members, SAMA now feels itself a true representative of the majority of American medical students.

The association now is taking a more active part in medicine and medical education. A growing number of invitations ask us to send or appoint official representatives to many councils and boards. First of these liaisons resulted in seating our representative on the governing board of NICI. Others include contacts with your Association, the National Board of Medical Examiners, Alpha Epsilon Delta, American Medical Association, American College of Sur-

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geons, International College of Surgeons, Blue Shield Commission, Health Insurance Council, American Academy of General Practice, state medical societies, a dozen medical student associations throughout the world and many more.

The *Journal* of the Student American Medical Association, mailed monthly to approximately 35,000 students and interns, has served to amplify the association's objectives as well as stimulate interest in the nonscientific facets of medical care and practice. It has been well received and well supported.

The possibility of group hospital-surgical insurance coverage for SAMA members and dependents throughout the calendar year still is being explored. A survey of present student coverage in schools where we have chapters is being evaluated.

The medical profession and the military were interested in SAMA's views on extension of the doctor draft. Our Selective Service Committee polled 2,600 of the nation's medical students and found that 56 per cent of those polled favor extension of the draft.

MEDICAL SECTION— AMERICAN COLLEGE PUBLIC RELATIONS ASSOCIATION

JOSEPH KELLY, committee chairman: Three major resolutions have come from the 1950 and 1951 sessions of the section:

1. Membership in the medical group shall be confined to official representatives of accredited schools of medicine and medical centers and of recognized schools of public health.

2. A provision for continued affiliation with the ACPRA while maintaining complete individuality as to membership, organization and program.

3. The selection of a Steering Committee of five members to plan and develop programs and stimulate interest in attendance.

It is obvious that the medical section on public relations has not only met an existing need but that it has potentials for growing contributions to public relations programs for individual schools of medicine. Its future success will depend largely on the continued cooperation of the AAMC and the active support of the executive officers of the schools in seeing that budgetary provision is made

for their representatives to attend medical seminar meetings. It is essential that all schools be represented if our discussions of common problems in telling the story of medical education and research are to be productive in promoting understanding and support.

There can be no question as to the quality of the product you are producing. It is essential that your relations to your many publics, internally and externally, be equally good and efficient. Good public relations, however, will not just happen. Intelligent planning and practical application are required.

We are convinced that the medical story can be told, fully and well, accurately and with observance of all ethical considerations, but the cooperation and thinking of all are needed. We urge that each school send a representative to our meeting in Salt Lake City.

THE CLINICAL CENTER OF THE NATIONAL INSTITUTES OF HEALTH

W. PALMER DEARING, deputy surgeon general, Public Health Service: The clinical center will be occupied by the seven institutes which comprise the National Institutes of Health, the research bureau of the Public Health Service. We expect the clinical center to be an important resource, related in many ways to the work of the medical schools and other research institutions.

Unlike the usual hospital, our primary objective is not medical care. Each patient will be selected because of his suitability for a specific research program and we will accept patients only by referral. They will be referred from teaching institutions, private hospitals and clinics, physicians in private practice and government hospitals. From time to time we will invite institutions and individual physicians to refer patients whose diagnosis, age, sex and other characteristics satisfy the design of a study. Referring physicians will be kept fully informed about their patients and will be welcome at the clinical center for observation and conference.

Existing research activities closely related to clinical research will be transferred to the center gradually from their present quarters. These units, for the most part, are teams of our clinical investigators who have been conducting their research in medical schools and hospital facilities. They were developed

with the understanding that they would move ultimately to the clinical center.

A large proportion of the physicians and scientists who will staff the center already are employed by the National Institutes of Health. Recruiting of nurses, technicians, dietitians and subprofessional workers has been planned carefully and is proceeding on a nationwide basis in a manner that will not draw heavily from any single geographic area. In the development of these plans we have consulted universities and professional groups. As has been true in years past, the Public Health Service will continue to return both administrative people and teachers to the universities from its permanent staff.

The National Institutes of Health contribute to the advanced training of scientists in another way. These facilities are a national asset. We expect that able investigators from the nation's medical schools and universities will find the center a congenial and productive place in which to carry their work forward during sabbatical years or other periods when they can leave their institutions temporarily. Specific funds have been set aside to compensate these visiting scientists, and space, equipment and help will be available to them.

Another way in which the supply of trained manpower will be augmented is through the clinical fellowship program.

These fellows, who will be comparable to residents, will be given specialized training in areas involved in our clinical research program. They will be selected carefully for their interest in and potential capability for medical research. Most of them will be available to other institutions after this period of specialized training.

Finally, the Public Health Service now is administering a program which this year helps support the training of 251 predoctoral and 214 postdoctoral fellows in the medical schools and universities of the nation.

One point of our basic policy questions may be of particular interest: our proposed use of consultants. They will be used liberally in a wide variety of ways, encompassing virtually every medical specialty.

Consultants will be called upon for diagnosis and treatment, particularly in those specialties where our research program does not justify a permanent, full-time staff. We also will continue to use consultants on individual research problems, in which they will participate on a collective basis with members of our staff. They also may participate in follow-up procedures, as well as in final evaluation of the results of a given project. In some cases, consultants will be engaged to determine or confirm the suitability of a patient for a given study.

Wednesday, November 12, 1952

PRESENTATION OF RESOLUTIONS

The following resolutions were approved by the Executive Council and submitted to the open meeting on Wednesday, November 12, where they were unanimously approved:

1. WHEREAS the continuation of a high quality of medical education is, at all times, but particularly during the present emergency, in the national interest, and

WHEREAS a high quality of medical education is directly dependent on an adequate and superior faculty in each school, and

WHEREAS the present laws, regulations and procedures of the "medical draft act" have been inadequate to meet many situations that have arisen,

BE IT THEREFORE RESOLVED that the Association of American Medical Colleges requests the National Advisory Committee to Selective Service to establish a continuing procedure wherein those most vitally concerned with medical education may advise on desirable revision of present procedures and on the content of any new laws for the drafting of physicians.

2. WHEREAS an experimental program to integrate the teaching of subjects of

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importance to military medicine and civilian defense has been undertaken in five medical schools in cooperation with governmental agencies, and

WHEREAS the initial reports on the program from both students and faculty have been most favorable, and

WHEREAS, it is desirable in the interests of national defense to continue and possibly to expand this program,

BE IT THEREFORE RESOLVED that the Association of American Medical Colleges endorses this experimental approach to preparing medical students in this important area of military service and care, and recommends that continuing support be given to the programs.

3. WHEREAS, our esteemed colleague John Walker Moore passed away on November 10, 1952, following a prolonged illness, and

WHEREAS, he left behind him a host of friends who will never forget his gracious hospitality, his friendliness and companionship, and his wise counsel, and

WHEREAS, he served this Association with distinction as president in 1945, therefore be it

RESOLVED, that the Association of American Medical Colleges convey to the members of his family its sincere sympathy in their bereavement, and the deep sense of loss individual members of the Association feel in his passing.

STATEMENT REGARDING GEORGE PACKER BERRY

The following Statement regarding George Packer Berry's completion of term as president of the Association was unanimously approved:

"During the past year this Association has had the good fortune to have as its president Dr. George Packer Berry.

"This tenure of the presidency represents the culmination of many years of service to medical education, both within and without the Association, on committees and on the Executive Council. In these positions the Association has had the benefit of his good judgment, wise counsel and sound ideas.

"He has asked that his name not be put forward as a member of the Executive Council in order that others may be represented. This Association has acceded to this wish in a literal sense but with the exception that he will continue

to give to the Association the full measure of his imaginative thinking, if not as an officer, as a representative of a leading medical school.

"His roots in this group are deep, and the Association hopes that his handing over the gavel to his successor is but a minor incident in a continuing service to medicine through this Association."

EXECUTIVE COUNCIL MEETING ACTIONS

The meeting of the new Executive Council was held on the evening of Tuesday, November 11. A summary of actions taken follows:

1. Joseph C. Hinsey was unanimously elected chairman of the Executive Council for the year 1952-53.

2. The report of the 1951-52 Committee on Public Information was referred to the 1952-53 committee for further study in view of the fact that the National Fund for Medical Education is in the process of developing a public relations staff. Duplication of such staff in the Association's central office would appear to be questionable.

3. Vernon Lippard and John Stalnaker were named as the Association's representatives on a joint committee of four with the other two representatives to be named by the AMA Council on Medical Education and Hospitals to make an extensive study of the financial needs of medical schools.

4. Appointments to committees and representatives to related organizations were named for 1952-53 as follows:

(Chairman listed first—Affiliation listed in italics)

AUDIOVISUAL EDUCATION

Walter A. Bloedorn, *George Washington*
Thomas P. Almy, *Cornell*
Clarence de la Chapelle, *N.Y.U. Post-Graduate*

William W. Frye, *Louisiana*
Henry M. Morfit, *Colorado*
Theodore R. Van Dellen, *Northwestern*
W. Clarke Wescoe, *Kansas*

BORDEN AWARD

Ashley Weech, *Cincinnati*
Willard M. Allen, *Washington (St. Louis)*
William B. Bean, *Iowa*
Harry P. Smith, *Columbia*
Elmer H. Stotz, *Rochester*

CONTINUATION EDUCATION

George N. Aagaard, *Southwestern*

63rd Annual Meeting

Robert Boggs, N.Y.U. Post-Graduate
James E. McCormack, Columbia
Samuel Proger, Tufts
John B. Truslow, Medical College of
Virginia
Walter Wiggins, State U. of N.Y.
(Syracuse)

EDITORIAL BOARD FOR MEDICAL EDUCATION

Lowell T. Coggeshall, Chicago
William B. Bean, Iowa
James M. Faulkner, Boston
Chauncey D. Leake, Texas
Robert A. Moore, Washington U.
(St. Louis)

ENVIRONMENTAL MEDICINE

William W. Frye, Louisiana
Duncan W. Clark, State U. of N.Y.
(Brooklyn)

Harry F. Dowling, Illinois
Marion Fay, Woman's Medical
Maurice Levine, Cincinnati
David Rutstein, Harvard
Leo Simmons, Yale

FINANCIAL AID TO MEDICAL EDUCATION

Vernon W. Lippard, Yale
Walter A. Bloedorn, George Washington
John Z. Bowers, Utah
Charles L. Brown, Hahnemann
Alan M. Chesney, Johns Hopkins
Robert A. Moore, Washington U.
(St. Louis)

GRADUATE MEDICAL EDUCATION

Kendall Corbin, Mayo Foundation
John Deitrick, Jefferson
Aims C. McGuinness, Pennsylvania
Graduate
R. L. Pullen, Texas Postgraduate
C. J. Smyth, Colorado

INTERNATIONAL RELATIONS IN MEDICAL EDUCATION

Francis Scott Smyth, California (S.F.)
E. Grey Dimond, Kansas
Ben Eiseman, Washington U. (St. Louis)
Frode Jensen, N.Y.U. Post-Graduate
Maxwell E. Lapham, Tulane
John McK. Mitchell, Pennsylvania
Elizabeth T. Lam, Com. on Internat'l
Exch. of Persons
Harold H. Loucks, China Medical Board

INTERNSHIPS AND RESIDENCIES

John B. Youmans, Vanderbilt
D. W. E. Baird (Idaho, Mont., Ore.,
Wash.), Oregon
Parker R. Beamer (Ky., N.C., S.C.,
Tenn.), Bowman Gray
Walter A. Bloedorn (Del., D.C., Md., Va.,
W.Va.), George Washington
Warren T. Brown (Okla., Texas),
Baylor

Loren R. Chandler (Ariz., Calif., Nev.),
Stanford

Charles A. Doan (E. Ohio, W. Pa.),
Ohio State

James E. McCormack (Conn., N.Y., part
of N.J.), Columbia

John McK. Mitchell (Part of N.J.,
E. Pa.), Pennsylvania

Otto Mortensen (Minn., Wis.),
Wisconsin

F. J. Mullin (Ill., Ind., Iowa),
Chicago Medical

James P. Tollman (Kan., Mo., Neb., N.D.,
S.D.), Nebraska

Hayden C. Nicholson (Ark., La., Miss.),
Arkansas

John F. Waldo (Colo., N.M., Utah, Wyo.),
Utah

Richard W. Vilter (Mich., W. Ohio),
Cincinnati

George A. Wolf Jr. (Maine, Mass., N.H.,
R.I., Vt.), Vermont

R. Hugh Wood (Ala., Fla., Ga.), Emory

LICENSURE PROBLEMS

Charles A. Doan, Ohio State

John P. Hubbard, Pennsylvania

J. Murray Kingsman, Louisville

Frank E. Whitacre, Tennessee

Arthur W. Wright, Albany

William R. Willard, State U. of N.Y.
(Syracuse)

LONG-RANGE PLANNING

Ward Darley, Colorado

Vernon W. Lippard, Yale

Edward L. Turner, Washington
(Seattle)

MEDICAL CARE PLANS

Henry B. Mulholland, U. of Virginia

Frank R. Bradley, Washington U.
(St. Louis)

Dean A. Clark, Harvard

John F. Sheehan, Loyola

Albert Snuke, Yale

PLANNING FOR NATIONAL EMERGENCY

Stockton Kimball, Buffalo

Mark R. Everett, Oklahoma

Stanley Olson, Baylor

PLANNING FOR TEACHING INSTITUTES

George Packer Berry, Harvard

Stanley Dorst, Cincinnati

C. N. H. Long, Yale

PROGRAM

Dean F. Smiley, AAMC

Ward Darley, Colorado

Stanley Dorst, Cincinnati

Wallace O. Fenn, Rochester

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PUBLIC INFORMATION

John L. Caughey, *Western Reserve*
Walter R. Berryhill, *North Carolina*
James Allan Campbell, *Albany*
Joseph B. Kelly, *Johns Hopkins*
Milton Murray, *Medical Evangelists*
John D. Van Nuys, *Indiana*
Ralph Rohweder, *Nat'l. Soc. for Med. Research*

STUDENT PERSONNEL PRACTICES

Carlyle Jacobsen, *State U. of N.Y.*
George Packer Berry, *Harvard*
Robert Berson, *Vanderbilt*
D. Bailey Calvin, *Texas*
Thomas H. Hunter, *Washington U. (St. Louis)*
Rolf C. Syvertsen, *Dartmouth*

VETERANS' ADMINISTRATION—MEDICAL SCHOOL RELATIONSHIPS

R. Hugh Wood, *Emory*
Harold S. Diehl, *Minnesota*
A. C. Furstenberg, *Michigan*
Currier McEwen, *New York U.*
John Truslow, *Med. Col. of Virginia*
Richard William Vilter, *Cincinnati*

Representatives to Related Organizations

ADVISORY BOARD FOR MEDICAL SPECIALTIES

Loren R. Chandler, *Stanford*
Stanley Dorst, *Cincinnati*

ADVISORY BOARD OF AMERICAN FOUNDATION OF OCCUPATIONAL HEALTH

Gordon H. Scott, *Wayne*

ADVISORY COUNCIL FOR THE NATIONAL FUND FOR MEDICAL EDUCATION

Walter A. Bloedorn, *George Washington*
Joseph C. Hinsey, *Cornell*
Vernon W. Lippard, *Yale*

ADVISORY COUNCIL ON MEDICAL EDUCATION

Ward Darley, *Colorado*
Joseph C. Hinsey, *Cornell*
Vernon W. Lippard, *Yale*

AMERICAN COUNCIL ON EDUCATION

Ward Darley, *Colorado*
Joseph L. Johnson, *Howard*
Paul A. McNally, *Georgetown*
Edward J. Van Liere, *West Virginia*
William R. Willard, *State U. of N.Y. (Syracuse)*
H. Boyd Wylie, *Maryland*

ARMED FORCES MEDICAL ADVISORY COMMITTEE

Stockton Kimball, *Buffalo*

COMMITTEE ON EVALUATION OF FOREIGN CREDENTIALS

Francis Scott Smyth, *California (S.F.)*
Harold A. Davenport, *Northwestern*

COMMITTEE ON SURVEY OF MEDICAL EDUCATION

Arthur C. Bachmeyer, *Loveland, Ohio*
Joseph C. Hinsey, *Cornell*
Dean F. Smiley, *AAMC*

COUNCIL ON NATIONAL EMERGENCY SERVICE

Stockton Kimball, *Buffalo*

FEDERATION OF STATE MEDICAL BOARDS

Charles A. Doan, *Ohio State*

FELLOWSHIPS SELECTION BOARD

Walter A. Bloedorn, *George Washington*

NATIONAL INTERASSOCIATION COMMITTEE ON INTERNSHIPS

F. J. Mullin, *Chicago Medical*
John M. Stalnaker, *AAMC*
John B. Youmans, *Vanderbilt*

JOINT COMMITTEE ON MEDICAL EDUCATION IN TIME OF NATIONAL EMERGENCY

Stockton Kimball, *Buffalo*
Joseph C. Hinsey, *Cornell*
Stanley W. Olson, *Baylor*
Dean F. Smiley, *AAMC*
John M. Stalnaker, *AAMC*

LIAISON COMMITTEE WITH COUNCIL ON MEDICAL EDUCATION AND HOSPITALS

Ward Darley, *Colorado*
Stanley Dorst, *Cincinnati*
Joseph C. Hinsey, *Cornell*
Dean F. Smiley, *AAMC (ex-officio)*

MEDICAL ADVISORY COMMITTEE OF INSTITUTE OF INTERNATIONAL EDUCATION

Duncan W. Clark, *State U. of N.Y. (Brooklyn)*

Dayton Edwards, *Cornell*
Aura Severinghaus, *Columbia*
Cornelius T. Stepita, *N.Y.U. Post-Grad.*

NATIONAL ADVISORY COMMITTEE ON LOCAL HEALTH UNITS

Harold W. Brown, *Columbia*

NATIONAL BOARD OF MEDICAL EXAMINERS

Loren R. Chandler, *Stanford*
Robert A. Moore, *Washington U. (St. Louis)*

B. O. Raulston, *Southern California*

NATIONAL HEALTH COUNCIL

Jean A. Curran, *State U. of N.Y. (Brooklyn)*

Joseph C. Hinsey, *Cornell*
Ira Hiscock, *Yale*

SUBCOMMITTEE ON MEDICAL EDUCATION FOR NATIONAL DEFENSE

Stanley W. Olson, *Baylor*
Lawrence Hanlon, *Cornell*
Stockton Kimball, *Buffalo*
John Lagen, *U. of California (S.F.)*
John B. Youmans, *Vanderbilt*

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1952-1953

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JOHN Z. BOWERS.....University of Utah College of Medicine
WARD DARLEY.....University of Colorado School of Medicine
STANLEY DORST.....University of Cincinnati School of Medicine
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DAVID S. RUHE.....Director, Medical Audio-Visual Institute
WILLIAM SWANBERG.....Managing Editor, *Medical Education*

NEWS DIGEST

Commission on Health Needs

Terminal report of the President's Commission on Health Needs of the Nation, presented December 18, proposes the expenditure of \$1 billion a year by the federal government to realize "a situation in which adequate health personnel, facilities and organization make comprehensive health service available for all, with a method of financing to make this care universally accessible." The cost of adequate health care to the nation, says the report, would be less than the cost of neglect.

Proposals include a program of prepaid insurance to be administered by states with the aid of federal funds, the training of more health personnel, construction of hospitals, increased medical research and the establishment of a department of health in the federal government.

The annual spending of \$100,000,000 was proposed to relieve the economic plight of medical schools. The report specified that administrative autonomy of the schools must be preserved, with no more than a designated percentage of a school's total operating budget to come from federal funds. Money would be used for a gradual, carefully planned expansion of enrollment in existing schools and for the establishment of new medical, dental, public health and nursing institutions. Federal scholarships to qualified students, financially unable to enter the medical professions, were also proposed.

Commission on Higher Education

Reporting on a three-year study, the Commission on Higher Education reveals that financial needs are greatest in medical schools and liberal arts colleges, where income has not kept up with urgent needs of the institutions. The commission estimates that at least \$250 million more annually is needed by all kinds of in-

stitutions in order to remain solvent.

The present financial situation is the result of five factors: inflation, expansion of educational services, fluctuation in enrollments as a result of the war, need for enlarging and modernizing institutions, and uncertain sources of income.

The commission's published report calls for support of higher education by the public and issues a warning against increased federal aid, which presently supplies about \$500 million a year to universities and colleges.

The commission's study was financed by the Rockefeller Foundation and the Carnegie Corporation, and was arranged by the Association of American Universities. The studies are being published by the Columbia University press.

VA Reorganization

The Veterans Administration has accepted only a portion of the recommendations made in a Booz, Allen and Hamilton management survey. Rejected was the suggestion that VA set up 20 large medical centers instead of the 70 regional offices now operating.

Among changes to be made are the appointment of four assistant chief medical directors for planning, research and education, dental service and general operations. A controller of equal rank also is to be appointed to handle all budgetary matters and remain in contact with the main VA controller. The special planning section will be devoted to analysis and organization and will not participate in operations. The operations director will have charge of all operations in the centers, clinics, rest homes, etc.

Hospital Standards

Responsibility for setting standards for the nation's hospitals was transferred to the Joint Commission on Accreditation of Hospitals on December 6. Under the new program the Amer-

ican College of Physicians, American College of Surgeons, American Hospital Association, American Medical Association and Canadian Medical Association will share responsibilities of standardization. Headquarters for the new joint commission are at 860 N. Rush St., Chicago 11. Dr. Edwin L. Crosby is executive director of the commission.

Medical College Admissions

The 1953 edition of "Admission Requirements of American Medical Colleges" has been issued by the Association of American Medical Colleges. Formulated from information received from questionnaires sent to the 81 medical schools in the United States, the booklet contains the latest authentic information concerning admission requirements and procedures in each of the medical schools in the United States, and is designed particularly for advisors of potential medical students.

Federation of Medical Centers

The recently-established American Federation of Medical Centers, Inc., is undertaking a campaign to show communities how they can provide modern, comprehensive medical care to individuals at a cost of one to two dollars a week. Since medical costs are predictable when considered communitywise, the plan proposes to provide prepaid care on a self-supporting basis for the total medical needs of communities. The plan calls for establishment of local medical centers, the operation of efficient group practice and the encourage-

ment of voluntary prepayment insurance for medical care. Exponents of the plan point out that it offers the most benefits to all members of the community, including members of the medical profession. Headquarters for the federation are at 3919 John R. St., Detroit 1.

Costs of Dental Education

A comprehensive study of the financial resources of dental schools in 1949-50, just published by the Public Health Service, reveals that mounting costs of dental education are affecting the nation's dental schools. Forty of the 42 schools in the country were covered in the survey. Sixteen of those studied reported operating deficits totaling \$1,600,000. Unmet needs of the schools, particularly for additional research facilities and staff, are estimated at \$60 million.

New Journals

The American Heart Association will publish a new bi-monthly journal devoted to reports on fundamental studies related to the heart and circulation. First issue of the journal, titled *Circulation Research*, appears this month. It is edited by Dr. Carl J. Wiggers, professor of physiology, Western Reserve University School of Medicine.

Another publication to make its first appearance is *Student Medicine* to be published biannually by the department of clinical and preventive medicine at Cornell University as an information medium for college health officers.

Meetings

AMA House of Delegates

The AMA House of Delegates, meeting at clinical sessions in Denver December 1-4, gave particular attention to two controversial issues, the doctor-draft law and VA medical care. Members of the House had a number

of suggestions to offer for revision of the draft law, but approved the extension of incentive pay for physicians and dentists. They expressed disapproval of VA care for servicemen's dependents and for nonservice-connected disabilities. Among recommendations made by the group was

approval of a proposed department of health under the new administration, with the head of the department not necessarily a physician.

American College of Surgeons

Symposiums, panel discussions, clinical conferences and medical motion pictures on practical surgical problems will open the 1953 season of Sectional Meetings of the American College of Surgeons at the Netherlands Plaza Hotel, Cincinnati, January 19-21. The meeting is the first of eight scheduled for the coming year. Surgeons from Illinois, Indiana, Kentucky, Michigan, Ohio, Ontario, West Virginia and Wisconsin are expected to attend.

Medical Education and Licensure

The annual meetings of the Congress on Medical Education and Licensure will be held in Chicago, February 8-10. The Monday, February 9, program will include discussion of the problems facing medical education, with Dr. Joseph C. Hinsey presenting an analysis of the testimony given to the President's Commission on the Health Needs of the Nation. Also scheduled for the program are panel discussions on the continuing impact of the national defense program on medical education and the report of the Advisory Committee on Internships.

Teaching Developments

Pilot Study

Five medical schools are participating this year in a pilot program of medical education for national defense. This long-range program is designed to be "an acceptable substitute" for the Reserve Officers Training program in medical schools. Each of the schools—the University of Illinois College of Medicine, University of Buffalo School of Medicine, Vanderbilt University School of Medicine, Cornell University Medical College and the University of California School of Medicine—has been allocated \$15,000 by federal agencies to underwrite the costs of the program during this academic year.

One objective of the program is to enable medical students to gain a better understanding of the role of the physician in our society, including the responsibility for the medical programs of the armed forces.

Transition Course

In order to prepare students for the transition from medical school to the private practice of medicine, Southwestern Medical School of the University of Texas will offer a course

in "Medical Economics and Ethics."

The course will be presented in the final six months of the senior year and will emphasize economic problems related to practice. From experienced physicians students will learn about the advantages or disadvantages of individual practice as compared with group practice and will hear described the satisfactions and problems of the general physician both in the small town and in the city. Specialists in certain fields which now are understaffed will have an opportunity to tell the students about them.

Legal Medicine

Western Reserve University's School of Law will inaugurate a new graduate program in legal medicine beginning in February. First course under the legal medicine heading will be "Medical Aspects of Civil Litigation," to be taught by 14 outstanding Cleveland medical men.

As it expands, the program will provide courses for lawyers, doctors, social workers and such public officials as police prosecutors and coroners. All resources on the campus

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will be available to give the program maximum value. In addition to the facilities of the Institute of Pathology, law school and medical school, use will be made of the county coroner's laboratory and offices, now being constructed near the university medical center.

New Remedial Center

One of New England's most complete services for children and adults with speech and hearing handicaps has been established at Boston University. It is an outgrowth of the university's speech clinic at the school of education. It combines the facilities of the school of education, school of medicine, counseling service and the Massachusetts Memorial Hospi-

tals. Dr. David McL. Greeley, assistant dean of the school of medicine, is the medical director.

New Department

State University of New York department of medicine at New York City announces the establishment of a department of neurology and neurosurgery with clinical services at Kings County Hospital. A five-year course of graduate training in neurology and neurosurgery is offered. Dr. E. Jefferson Browder is the executive officer of the department and director of the training program in neurosurgery. Dr. Abraham M. Rabiner is director of the graduate program in neurology.

Fellowships, Grants, Awards

Institute of Industrial Health

The Institute of Industrial Health of the University of Cincinnati will accept applications for a limited number of fellowships offered to qualified candidates who wish to pursue a graduate course of instruction in preparation for the practice of industrial medicine. Any registered physician, who has completed satisfactorily at least two years of training in an accredited hospital may apply for a fellowship in the Institute of Industrial Health. Requests for additional information should be addressed to the Institute of Industrial Health, College of Medicine, Eden and Bethesda, Cincinnati 19.

American Diabetes Association

The American Diabetes Association is offering a \$250 prize to medical students and interns for a paper on any subject relating to diabetes. The paper can be a report of original studies, a biographical or historical note, a case report with suitable comment or a review of the literature. Manuscripts must be submitted by April 1, 1953, to the *Journal of the*

American Diabetes Association, 11 W. 42nd St., New York 36.

Public Health Service

The Public Health Service has allotted approximately \$13 million in research aid and fellowships during the past year. About 1,211 investigators in 229 institutions have been assisted by these grants. Of the total money, \$11,226,577 has gone for 1,085 research grants and \$1,749,248 for 540 fellowships.

Markle Foundation

The John and Mary R. Markle Foundation has distributed \$13,700,000 in the 25 years since its establishment, according to a quarter-century report by its executive director, John M. Russell. Of this amount, \$7,850,000 has gone to medical education and research. Originally the foundation contributed chiefly to social welfare enterprises, but shifted its emphasis to medicine and science in 1936. Since 1948 most of the money has been given in medical research scholarships. During the past year about \$771,700 was allocated.

Fulbright Travel Grants

Foreign scholars in the medical sciences were the chief recipients of Fulbright travel grants in 1952-53, according to a report from the Committee on International Exchange of Persons. Of a total of 348 travel grants, which make it possible for foreign students to come to the United States for advanced research or lecturing, 113 were in the biological sciences, 109 in the physical sciences, 50 in the humanities and 76 in the social sciences.

Damon Runyon Memorial Fund

A report from the Damon Runyon Memorial Fund for Cancer Research, Inc., reveals nearly \$6 million dollars, distributed as of the end of 1952, with most medical colleges receiving a share of the amount in fellowships, grants-in-aid or institutional research grants. In all, 483 American institutions and some 31 foreign institutions, including schools and hospitals, received grants. *pitals, received grants from the memorial fund.*

College Briefs

Albany Medical College

Dr. JOSEPH T. DOYLE has been named assistant professor of medicine and director of the Cardiovascular Health Center at the medical college. The center, financed by the New York State Department of Health, will emphasize both heart disease research and heart disease control among state employees. Dr. Doyle comes from Emory University.

University of California, San Francisco

Dr. HERBERT F. TRAUT, professor of obstetrics and gynecology, has received the 1952 American Cancer Award for "distinguished service in cancer control." He received the award jointly with Dr. GEORGE PAPANICOLAOU of Cornell. Dr. Traut was cited for his work in developing a practical clinical cancer test from Dr. Papanicolaou's recognition of differences between dead cancer cells and normal dead cells.

Chicago Medical School

Almost \$100,000 was raised at the third of a series of dinners given recently by patrons of the school. More than 80 business, professional and community leaders attended the dinner at which DANNY THOMAS served as toastmaster.

Two new research grants totaling \$10,508 were received recently. From the National Heart Institute \$5,508 was awarded to Dr. PETER GABERMAN, principal investigator, and personnel consisting of Dr. DONALD H. ATLAS and Dr. HARRY F. WEISBERG, for studies of the mechanism of congestive heart failure. Dr. PHILIPPE SHUBIK and Dr. A. ROBERT GOLDFARB, were granted \$5,000, a renewal and increase over last year, from the Atomic Energy Commission for study of the carcinogenic effect of beta radiations.

University of Chicago

Dr. LEON O. JACOBSON, professor of medicine, has been appointed director of the Argonne Cancer Research Hospital. Dr. Jacobson has been a pioneer in the application of nuclear physics to biology and medicine. He has been associated with the atomic energy project since its organization at the university.

Dr. ERNST TRIER MORCH has been appointed professor in the department of surgery and director of the division of anesthesiology. Prior to coming to the University of Chicago Clinics, Dr. Morch had been at the University of Kansas Medical Center.

College of Medical Evangelists

The 17th Alumni Postgraduate

College Briefs

Convention has been scheduled for March 8-10 at the Ambassador Hotel in Los Angeles. Experts from the west, midwest and east will present lectures and panel discussions for the general practitioner.

Sophomore medical students now see patients during the first semester; this was begun previously in the second semester. Each week four students are tutored by Dr. ARTHUR E. VARDEN, superintendent of the County Hospital in Los Angeles. Dr. JOHN SCHARFFENBERG, instructor in medicine, directs overall planning.

Dr. BRUCE HALSTEAD, head of the department of ichthyology and herpetology of the School of Tropical and Preventive Medicine, announces that negotiations have been completed on a \$11,300 Air Force contract to compile a monograph on poisonous and venomous marine animals of the world.

A \$14,000 undergraduate cardiovascular training grant has been awarded to CME's school of medicine by the Public Health Service.

Dr. ROBERT E. CHINNOCK, head of the department of pediatrics, has received a \$7,600 grant of National Mental Health funds for additional personnel in the child guidance clinic.

University of Colorado

Dr. ROBERT ALWAY, formerly associate professor of pediatrics at the University of Utah, has been named head of the department of pediatrics.

Duke University

Dr. ARTHUR F. ABT, director of the radioisotope unit of the new Veterans Administration hospital in Durham, has been appointed professor of pediatrics. He is one of seven chiefs of services who will conduct the medical program of the new 500-bed hospital, which is expected to open about April 1.

A series of orientation lectures for new medical school and hospital personnel was begun recently at Duke to teach the close teamwork between

departments in running a hospital and medical school.

Former members of the hospital medical house staff recently honored Dean W. C. DAVISON at a testimonial dinner in Chicago. The former Duke doctors, now practicing in all parts of the nation, presented Dean Davison with a testimonial certificate naming him the "complete pediatrician." Dr. Davison has been dean of Duke Medical School and professor of pediatrics since 1927 when he directed plans for the school's opening.

Emory University

The Woodruff Memorial building, \$2 million center for medical research in the southeast, opened in November. The seven story structure is connected by closed walkways with Emory University Hospital and was made possible by grants from private donors and from the National Cancer Institute.

Georgetown University

Dr. THOMAS F. McDERMOTT has been appointed professor and director of the department of anesthesiology at the medical center. Dr. McDermott comes to Georgetown from the College of Physicians and Surgeons, Columbia University.

George Washington University

Two Public Health Service grants totaling \$27,699 have been made through the National Heart Institute to promote research and teaching in the field of heart diseases. Dr. JOHN M. EVANS, associate clinical professor of medicine, is in charge of administering both grants.

The U. S. Office of Naval Research has granted \$10,757 to continue pain control studies begun two years ago, and a \$10,383 grant from the Veterans Administration permits continuation of a research project in lung ischemia.

Two physicians, Dr. JAMES W. WATTS, professor of neurological surgery and Dr. WALTER FREEMAN, pro-

essor of neurology, went to Mexico City in November to receive honorary positions in the 10th National Assembly of Mexican Surgeons. Both have been named 'presidentes honorarios' of the assembly's neurological surgery and psycho-surgery section because of their outstanding work in the development of lobotomy operations to relieve mental disorders.

Hahnemann Medical College

Dr. B. MARVIN HAND, former assistant professor of neurology, has been appointed professor and head of the department. He has been associated with Hahnemann since 1934.

Dr. VAN B. OSLER HAMMETT has been appointed professor and head of the department of psychiatry.

A check for \$8,000 was presented to the college and hospital by Dr. JOSEPH A. LANGBORD, medical director of the Sidney Hillman Medical Center, as a grant from the center for the study of viral respiratory diseases.

Harvard University

DR. GUSTAVE J. DAMMIN, Washington University, was named professor of pathology and pathologist-in-chief of Peter Bent Brigham Hospital, Boston.

Dr. WINFRED OVERHOLSER, former Massachusetts commissioner of mental health, delivered four Isaac Ray Lectures on Psychiatry and the Law in November. The lectures were co-sponsored by the law school and the department of legal medicine of the medical school.

University of Illinois

Dr. ANDREW C. IVY, vice president of the university and professor of physiology and head of the department of clinical science, has been given a leave of absence without pay to continue his studies on the controversial cancer drug Krebiozen. This action followed a meeting of the board of trustees at which University President George D. Stoddard had

recommended the abolition of the office of vice president.

President Stoddard further recommended the appointment of Dr. ROGER A. HARVEY, head of the department of radiology, as acting dean to replace Dean STANLEY W. OLSON who has gone to Baylor University as dean of the medical school.

Indiana University

Dr. PAUL C. BUCY, professor of neurology and neurological surgery at the University of Illinois, is the first to occupy the newly established GEORGE A. BALL visiting professorship in surgery here. He will spend each Friday during the present academic year on the Indianapolis campus. He will take an active part in the surgery teaching program for students as well as postgraduate sessions for surgeons in the state.

Jefferson Medical College

Recent promotions include: Dr. LEANDRO M. TOCANTINS, to professor of experimental medicine with a seat on the executive faculty; Dr. JOHN B. MONTGOMERY, Dr. MARIO A. CASTALLO, Dr. I. CHARLES LINTGEN, Dr. ROY W. MOHLER, to clinical professors of obstetrics and gynecology; Dr. HEINRICH BRIEGER, to professor of industrial medicine; Dr. SHERMAN A. EGER, Dr. KENNETH E. FRY, Dr. GEORGE J. WILLAUER, to clinical professors of surgery; Dr. THEODORE P. EBERHARD, to clinical professor of radiology.

The estate of the late THOMAS D. M. CARDEZA provided a trust in behalf of Jefferson estimated in the amount of \$4 million as the Charlotte Drake Cardeza Foundation. Income of the trust is to be used for maintenance of the division of hematology.

Recent grants include: \$552,000 from the Anthracite Health and Welfare Fund, covering four years for the continuation of research and treatment program for silicosis. The program, involving a study of over 1,000 silicotic miners, was initiated five years ago.

College Briefs

University of Kansas

The pediatric service of the Kansas City (Mo.) General Hospital has become affiliated with the department of pediatrics of the medical center as part of the teaching activity of the school. The pediatric staff of the hospital is responsible for medical care of patients and for assistance with the teaching program. Dr. FRANKLIN C. BEHRLE of the pediatric department has been assigned to active charge of teaching medical students and of the hospital's interns and residents. The teaching program is supported by the Kansas City Association of Trusts and Foundations.

Marquette University

A \$10,000 gift from the KURTIS R. FROEDERT Memorial Trust will be used to establish a professorship in the school's department of surgery.

University of Minnesota

Continuation courses scheduled include: Anesthesiology for General Physicians, January 8-10; Ophthalmology for Specialists, January 19-24; Pediatric Neurology, January 26-31; Clinical Chemistry, February 2-4; Cancer Detection for General Physicians, February 5-7; Cardiovascular Diseases, February 12-14; Recent Advances in Diagnosis for Internists, February 16-18.

University of Missouri

Ground is being cleared on the south edge of the campus for the construction of a new medical center. Bids are being received for the purchase and removal of about 35 barracks buildings used as emergency housing on the site during the post-war expansion period.

Monthly programs in the post-graduate medical education courses are continuing in various cities throughout the state. The programs, conducted for the Missouri Academy of General Practice, offer credit toward the 50 hours of postgraduate

work that are part of the academy's requirements for membership.

New York University

Dr. GRAY H. TWOMBLY has been appointed professor of gynecology. Dr. MAXWELL HERBERT POPPEL has been promoted from associate professor to professor of radiology at the postgraduate medical school. Simultaneously his appointment as director of x-ray service at Bellevue Hospital was announced.

University of North Dakota

A grant of \$8,000 has been made to the university for cardiovascular research and teaching from the National Heart Institute. The U. S. Atomic Energy Commission has given a grant-in-aid of \$7,000 to Dr. W. E. CORNATZER, biochemistry department, to study the effects of whole body radiation on various enzyme systems in the liver. Dr. Cornatzer also received an \$8,000 grant from the Public Health Service to continue his research on drugs and hormones affecting phospholipide turnover in animals and in man.

Northwestern University

Dr. HARLEY E. CLUXTON JR. recently was appointed director of the clinics at Northwestern University medical school. He is noted for his research and clinical experience in the fields of endocrinology and arthritis, and until last year was director of medical research for Armour Laboratories.

A medical counseling clinic to assist former narcotic addicts began operating in November as part of the general medical clinics. Doctors are most interested in aiding young adults in rehabilitating themselves.

University of Oregon

Extensive remodeling in the department of biochemistry at a cost of \$80,000 has made it possible to take care of about 90 students in the instructional laboratory. The old facilities restricted classes to about 70.

Numerous gifts and grants to the medical school for research work, equipment, scholarships and for general advancement of medicine during the summer and fall months add up to a total of \$195,493.

Studies on the effects of hormones on skin pigmentation have brought a Japanese doctor to the medical school to work in the division of dermatology. He is Dr. KAZUO SHIZUME, a 1946 graduate of Tokyo Imperial University Medical School and an instructor in internal medicine there. Dr. Shizume is currently spending a year here on a United State Government Rehabilitation of Japan Fellowship and an American Cancer Society research grant.

Dr. KENNETH C. SWAN, professor and head of the department of ophthalmology, was awarded a key for outstanding service in teaching by the American Academy of Ophthalmology during the academy's annual meeting in Chicago in October.

New professor and chairman of the division of dermatology and syphilology is Dr. THOMAS B. FITZPATRICK, formerly an associate professor at the University of Michigan Medical School.

Heading the new full-time division of radiology is Dr. CHARLES P. DOTTER. Before receiving his appointment, Dr. Dotter was assistant attending radiologist at the New York Hospital and served as an assistant professor of radiology at Cornell University Medical College.

Dr. ANTHONY A. PEARSON has been advanced from professor of anatomy to acting head of that department.

University of Ottawa

Construction is now under way on the new medical building which is scheduled for completion by September 1953.

University of Pennsylvania

Pennsylvania Hospital and the

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University of Pennsylvania have formed an alliance under which the teaching activities and hospital facilities of the university's graduate school of medicine will be centered in Pennsylvania Hospital. New and altered buildings will provide additional and improved facilities for patient care, as well as for teaching and research.

An affiliation has been announced whereby the Marriage Council of Philadelphia, an agency devoted to the improvement of marriage relations and offering service to those who wish to be more adequately prepared for marriage, becomes identified with the university. As an initial step, organization of a family study division within the department of psychiatry has been authorized. The council is designated as the operational unit of the new division.

Dr. ROBERT D. DRIPPS JR., specialist in anesthesiology and chief of the section on anesthesiology in University Hospital, has returned from a mission as consultant to the Surgeon General of the Army. Dr. Dripps went to Japan and then to Korea as a medical observer on problems related to anesthesia, analgesia and intravenous and intra-arterial infusions.

A cancer research grant of \$35,000 has been received from the American Cancer Society. The money will be used to finance a research program to include studies of anti-hormonal drugs and the molecular structure of cancer-causing chemicals.

St. Louis University

Dr. J. WILLIAM COX of the department of physiology has just been awarded a postdoctorate research fellowship by the Public Health Service Institute for Neurological Diseases and Blindness. The work will involve continuation of research on problems of the nerve control of blood vessels underlying the skin in relation to diseases of the blood vessels.

Dr. PHILIP A. TUMULTY has been appointed director of the department

College Briefs

of internal medicine effective next spring. At the present time he is associate professor of medicine and physician at Johns Hopkins medical institutions.

University of Southern California

The new \$1,072,000 medical research building is now in use. Located across from the Los Angeles County Hospital, the modern five-story heart and cancer research structure contains offices, laboratories and animal quarters. The Public Health Service contributed \$685,000 toward the cost of the building.

Location of a \$150,000 cardiorespiratory laboratory in the Hospital of the Good Samaritan has been announced by the university. It was established by gifts from a group of businessmen and doctors. It will conduct scientific research into the causes and treatment of such chronic pulmonary diseases as bronchial and cardiac asthma, cancer and tuberculosis of the lungs, silicosis, and emphysema.

Stanford University

The annual postgraduate conference in clinical ophthalmology will be presented March 23-27. The program will be devoted to ophthalmic surgery. Registration will be open to physicians who limit their practice to the treatment of diseases of the eye, ear, nose and throat. Registration is limited to 30 physicians in order to allow free discussion.

A change is anticipated soon in the deanship, as Dr. LOREN CHANDLER has asked to be relieved of his administrative duties. He has been dean for the past 20 years. Dr. Chandler wishes to devote himself to research and teaching in his capacity as professor of surgery.

State University of New York, Brooklyn

Dr. CLARENCE DENNIS has been made executive officer of the department of surgery. He is director of

surgery, college division, at the Kings County Hospital in Brooklyn, and professor of surgery at the college.

University of Tennessee

The Public Health Service has awarded research grants totalling \$55,104 to staff members.

WALLACE MAYTON, medical representative of Parke, Davis Pharmaceutical Company has joined the staff of the medical units as head of the postgraduate department.

Dr. JAMES G. HUGHES, associate professor of pediatrics, has been advanced to the rank of professor.

Dr. HILDE FIEDLER, formerly assistant professor of Technische Hochschule, Munich, Germany, has joined the staff of the department of biochemistry.

The American Cyanamid Company, Lederle Laboratories Division, has awarded a research grant of \$24,000 to the college of medicine to finance a study of the health of the aged.

Southwestern Medical School of the University of Texas

Dr. GILBERT B. FORBES, chairman of the department of pediatrics, participated in a meeting of pediatric educators in New Orleans in November. The meeting was held for the purpose of bringing together the pediatric educators in the region to discuss improved teaching methods.

University of Texas Medical Branch, Galveston

Dr. DONALD DUNCAN, professor of anatomy and chairman of the department, has been named associate dean of the graduate school for the medical branch. Graduate training programs are available in anatomy, physiology, biochemistry and pharmacology. A similar program is pending for microbiology.

University of Utah

The new \$8 million, 546-bed Veterans Administration neuropsychiatric hospital is now in operation on

the University of Utah campus. This hospital is a dean's committee institution and will increase materially the teaching facilities of the department of psychiatry, which will sponsor an integrated psychiatric residency program. In addition to the psychiatric beds, there will be both tuberculosis and neurological services. Several members of the staff of the new hospital will become full-time medical school faculty members.

The residency training program in surgery at the Salt Lake City General Hospital has been approved by the Society of University Surgeons so that men who complete this course of training and retain academic connections are eligible to apply for membership in the society. There are approximately 30 surgical centers in the country which have received similar recognition.

University of Vermont

Dr. DURWOOD J. SMITH has been appointed professor of pharmacology and chairman of the department. A medical graduate of Syracuse University, Dr. Smith has been associated with the University of Rochester since 1946.

Medical College of Virginia

Dr. HERBERT W. PARK III has been appointed professor of physical medicine and rehabilitation and director of the Baruch Center of Physical Medicine.

Dr. HENRY G. KUPFER has been promoted to professor of clinical pathology and chairman of the department. This department has charge of the training school for medical technicians. A new degree course was inaugurated September 1 with 21 enrolled.

Dr. WYNDHAM B. BLANTON JR. has been made assistant to the dean of the school of medicine.

The Journal regrets the error which mistakenly credited new construction

at the Medical College of Virginia to another school. Randolph-Minor Hall, the medical college's new dormitory for nurses, was occupied in September. Erected at a cost of \$593,411 for construction and \$50,000 for equipment, this new facility houses 60 student nurses and housemothers. The Wood Memorial Building, a new home for the school of dentistry, is well under way and completion is expected about July 1953.

University of Virginia

Dr. THOMAS HARRISON HUNTER, associate dean of Washington University School of Medicine, has been selected dean of the University of Virginia School of Medicine, effective February 1.

Western Reserve

Recent appointments include: Dr. WILLIAM M. WALLACE, professor of pediatrics and director of the department; Dr. GEORGE SAYERS, professor of physiology; Dr. FREDERICK C. ROBINS, professor of pediatrics and head of the department at Cleveland City Hospital.

University of Wisconsin

A postgraduate course in neurology and psychiatry in general practice is being presented January 6-8, featuring clinical demonstrations and lectures on practical presentations in the field.

A gift of \$10,000 has been received from the KURTIS R. FROEDERT Memorial Trust. It will be used for research in diseases of the heart and blood vessels.

Woman's Medical College

The fifth floor of the hospital, second unit in a program of expansion, was dedicated November 20. Addition of this floor makes available 40 more beds and a fully equipped physiotherapy department.

Audiovisual News

Television: Monster Growing Larger

MEDICAL EDUCATION soon will intensively utilize television in three major ways. It will teach students of all the medical professions within the medical centers by means of closed circuit television. It will reach practitioners of all specialties at their hospitals or directly in their offices, on the one hand by educational chains of leased wires or microwave relays and on the other by general telecast with scrambled images which will be unscrambled in the doctors' receivers. And it will inform the lay public through general telecasts concerned with the medical sciences.

Since the great weight of interest and money has been thrown into lay education, the greatest impetus now is deriving from lay programs of science and health. But for the other two, the first experiments are under way in the medical schools. In five to 10 years, at the present pace, the individual medical center links will be forged, tested and fused in a network which may well prove revolutionary for our concepts of medical teaching.

The great technological race in TV instrumentation is in full swing. The gains made toward capturing the enormous market of household television will rebound to the profit of educational TV. The medical profession will be in the forefront of these advances in human communication. But it must think and act boldly now, pausing to pay its respects to the magnitude of the programs in prospect, but with confidence in the conquest of this new tool of education by teachers and investigators.

The Journal of MEDICAL EDUCA-

TION and the Medical Audio-Visual Institute have undertaken a brief survey-by-letter of advances in television as they concern the medical colleges. Forty-one medical colleges have responded. The over-all cumulative evidence is one of immense efforts and of a gathering interest.

Medical Professional TV

New Building Construction: It probably is safe to say that every new hospital and clinical teaching center have considered seriously the need for closed circuit television. Most have gone at least as far as supplying conduits for transmission and power cables for the television chains of the future.

There are entirely too many unknowns about the equipment and space demands of future educational television, however, to create anything other than anxiety and frank speculation in the most forward-looking building committees and architects. But in all planning, serious consideration must be given to the implications of large-screen classroom TV projection, of linkages with commercial and educational general telecast organizations and of total involvement of the medical curriculum as opposed to the present emphasis on surgery.

Closed Circuits for Medical Schools and Teaching Hospitals: At this juncture four medical schools have reported actual installation of closed circuit television camera chains. Kansas was first, Chicago and Pennsylvania also have CBS color, and Albany Medical College has black and white TV.

Problems of compatibility of current general telecast equipment create some hesitation in those who are convinced that color is essential to medical educational use of tele-



AN X-RAY film is demonstrated by Joseph L. Morton, associate professor of radiology at Ohio State University, to Joe Helbrook on "Picture of Health," a TV series sponsored by the university's health center. This half-hour series was aired for 14 weeks over WBNS-TV in the spring of 1952.

vision, yet who fear the expense of the noncompatible, if excellent, CBS "optical" color equipment. Many are afraid such equipment purchased now will be obsolete before its cost is amortized in experience or experiment.

Leadership at Kansas Medical School: Under Dean (now Chancellor) Franklin B. Murphy, the University of Kansas Medical School plunged into the exploration of black and white TV in 1949. By 1952, under Dr. Paul W. Schafer, professor of surgery, the down-to-earth experience of day-by-day television, now converted to color, was beginning to bear a revolutionary fruit worthy of the most serious thought by medical educators. The Kansas experience in the teaching of surgery will expand shortly into other areas of the medical school curriculum and soon will invade the needs of postgraduate education even more effectively than it has so far.

Kansas is perhaps the most logical spot in the country for the exploration of many of the key questions which must be answered before medical college educators will admit without great reservation that the expense of television is justified by its results.

First, since television is a healthy arena for medical individualism and local initiative, it will be important to discover how far the disciplines of television will force medical teachers into a mutual criticism of their joint TV teaching efforts so that the quality of the individual presentations will rise steadily to the point where the real capacity of the medium will be approached. It seems likely, from the evolution of surgical teaching at Kansas, that their faculty will discover many of the opportunities and human limitations of medical television.

Second, in the tentative Kansas plans for a five-camera TV chain, with one camera each in surgery, obstetrics and the morgue, and two floating for studio or combined use, the exploration of integrated teaching will abruptly become a reality because of the demands of the medium. Again, it will be important to discover the human and mechanical limitations of interdepartmental teaching which the demands of the television cameras require.

Third, the integration of all other audiovisual media will have to be explored. Television is the hungry swallower of all other audiovisual tools of teaching. For example, the merits of building libraries of motion picture shorts for feeding into the television teaching channels can be explored, whether such footage comes from personally collected kinescopes of earlier TV teaching or from external sources.

Finally, the true economics of television can be put under close surveillance at Kansas. The medical student teaching costs may be matched against improved teaching, greater coverage of medical material and

greater motivation. The amortization of costs by doctors' subscription to postgraduate courses utilizing television can be studied, either where courses are given within the medical center or are generally telecast with or without scrambled images to physicians in their offices.

All medical schools interested in the potential of medical television should consult the publications of the University of Kansas Medical School, and should not hesitate to visit the site of this pioneering work.

Chicago: At the University of Chicago, the first tentative steps toward the utilization of CBS color television in surgical teaching have been undertaken. Weekly afternoon programs for junior medical students are telecast under the general supervision of Lester F. Dragstedt, J. Garrott Allen and Paul V. Harper. The anatomy department has begun to teach living anatomy via the TV camera. Other integrated teaching is anticipated.

American Cancer Society Project: Of great importance to medical school perspectives is the joint project announced in October which has been sponsored by the American Cancer Society, under medical and scientific director Charles S. Cameron, and

Columbia Broadcasting System's Laboratories, under Peter S. Goldmark. In this program designed to bring to physicians progress reports of the latest cancer research, three important innovations will be vastly expanded.

First, a medical professional educational chain will be set up. Through this, programs originating in a number of places will be telecast by microwave relay to a large number of major cities in the east and midwest, perhaps in later programs to cities in the far west as well. The educational chain will connect different points of program origin with television receivers in auditoriums, classrooms and staffrooms. And this heralds the coming of a network of interlocking medical centers linked by common programming facilities so that the best of each university's contributions are shared with all others. In this way the medical student of tomorrow conceivably may attend class with all the great figures of contemporary medicine without going to their lecture halls in person as the Germans sought to do at one time. It should be recalled that Smith, Kline and French Laboratories, with CBS support, demonstrated the feasibility



PARTICIPANTS in the University of Buffalo Medical Round Table on "What Do Headaches Mean" were (left) Edward F. Driscoll, moderator; Wallace B. Hamby, Irving Hyman and Walter F. King, all university faculty members. The program was presented on WBEN-TV, Buffalo.

of a coast-to-coast medical educational television network in December 1951.

Second, the extensive development of large-screen projected color television is anticipated. Three by four foot screens exist in experimental models which utilize conventional tube images. The CBS interest in the Swiss Eidophor principle, which achieves the light intensity necessary for theater projection of color television images, further expands the possibilities of development of brilliant large-scale daylight classroom projection. Part of the ACS-CBS plan includes the installation of large screens in selected receiver spots within the educational network.

Third, exploration of color kinescopy is to be expected. Each program, if committed to color film simultaneously with its original telecast, can be relayed to audiences far beyond the reach of the TV network so that, theoretically, a 100 per cent coverage of the physician audience of this country might be achieved. Color kinescopy has been under experimentation by the Navy; Smith, Kline and French; CBS, and many others. This program will be the testing of many aspects of the practicability of such colored motion pictures taken from the TV screen or tube for motion picture programs projected independent of TV program time and place.

Smith, Kline and French Expands Its Bridgehead: Medical history certainly will record the crucial importance of the SK&F impetus to the medical profession's realization of the feasibility and potential values of color television. Closed circuit programs at medical conventions are continuing to be scheduled for the next two years. In June 1952, at the AMA convention in Chicago, NBC network telecasts called "The March of Medicine" presented to the public and nonattending practitioners alike selected high points of medical advances, including portions of a tele-

vised subtotal gastrectomy. Surveys of public and physician reaction were so overwhelmingly favorable to such medical news telecasting that national network telecasts were repeated for the Denver AMA sessions in December with a Cesarean delivery providing the highest interest. The Denver meeting was the 39th performance for the SK&F Medical Color Television Unit, whose services are made available to medical societies, schools and hospitals for guidance in planning and executing programs.

Educational TV

Health Telecasts and the Medical Schools: Medical science is vitally interesting to everyone because it is personal and close. It is not surprising that educational TV has seized upon medicine as one of its most important sources of programs.

From the success of "The Johns Hopkins Science Review," which from its inception has been rich in medical science materials, to the network programs on social psychology which are seen now with increasing frequency, medical faculties and medical societies have become more steadily embroiled in the important business of health education. A large number of schools have become involved formally in programs of many different types. It can be predicted confidently that all schools will have rich opportunities, even obligations, to participate just as soon as commercial and educational TV has blanketed the land and covered the accessible radio spectrum. Health is first-class TV material. Telecasters know this. And the public will demand more and more of it, of an ever higher quality of presentation.

Among the 41 medical schools responding to the Journal's TV survey, 14 have indicated active roles in health programs:

—Maryland's "Live and Help Live" program is the most popular weekly

TV offering in the Baltimore area and has become an important source of prestige and support for the university.

—"The University of Buffalo Round Table" has been under way on a weekly schedule since 1948 and has been liberally admixed with medical science programs.

—"Tulane Closeup" has been composed preponderantly of health topics since its inception.

—Southern California's year - old "Halls of Science" has had eight medical programs. The "TV University" of 1950-51 contained a number of medical units.

—At Tennessee "Your Future Unlimited" has devoted time to careers in the medical professions.

—Southern Evangelists has been cooperating with the California Academy of Science in a program called "Science in Action." Texas has been joining forces similarly with the Texas Academy of Science and the Museum of Natural History.

—Of Western Reserve's Sunday afternoon university programs, a half dozen so far have been concerned with health.

—Both Iowa and the Chicago medical colleges have collaborated with their respective state societies in programs. The Chicago program is called "How's Your Health" with Theodore Van Dellen of Northwestern.

—Ohio State has presented 14 weeks of its "Picture of Health." Allan C. Barnes has participated in the weekly "In the Lay Press." And the school has contributed to many miscellaneous programs.

—Stanford has just undertaken its first limited series of programs on medical topics.

Elsewhere across the country medical schools have been involved in television. Some of these are: New York Medical College and N. Y. U. Post-Graduate on "American Inventory"; miscellaneous faculty members from all New York City schools on the

first trial programs of the New York County Medical Society; Michigan on its "University TV" hour; the University of Pennsylvania in a number of projects. It can be safely supposed that in the medical centers of Boston, New York, Philadelphia and Washington, and in such cities as Minneapolis, Denver and Atlanta the commercial TV programmers have utilized medical center resources in greater or lesser degree.

Educational TV Channels: It is not clear how many medical schools have allied themselves so far with other educational agencies in making application for the 243 stations reserved by the FCC for possible educational use. Georgia, certain of the New York schools, Southern California, Western Reserve, Kansas, Vanderbilt and Ohio State at least have taken a part in their community applications. Fortunately, the Joint Committee for Educational Television has been organized to channel the efforts of all the many educational forces with a stake in this precious opportunity for unparalleled human communication.

Medical professional schools have a relatively small but very obvious responsibility for undertaking their share of the formal application for channels. The medical professions will use several hours per week for their own specialized postgraduate training needs. They will assist in the many health programs which concern the medical sciences, as is abundantly clear from the evidence to date. They can and will pay their own share of the costs and contribute their portion of ideas and skill.

The urgency of medical school support for channel applications cannot be overstated. Closed circuit television is not the only responsibility of the medical schools, although it is the primary one. Each school certainly will be linked sooner or later with its affiliated educational channel for the many chores it will be called upon to assume.

There should be no confusion re-

garding the status of educational TV undertaken by educational institutions, as contrasted with the so-called "educational" TV of commercial stations. There is no reason to believe that the vastly more powerful television medium will be treated any more wisely than was the so-called "educational" radio of commercial interests during the past three decades. Lester E. Cox of the University of Missouri Board of Curators has made a plea for university ownership of "commercial" TV stations on the assumption that the "exacting standards of a commercially operated station" will be maintained only if programs are designed so as to please the severe criticism of the station's advertisers.

Notwithstanding such compromise possibilities, educational TV must resolutely meet the competition of entertainment telecast quality in order to fulfill its responsibilities to a progressively more enlightened public. This will occur through such means as Western Reserve's telecourses and other experiments to be tried and proved in the future.

Time is very short. By June 2, 1953, the reserved channels will be thrown open to commercial interests. Perhaps the greatest communicational opportunity of our hour may be forfeited if applications are not made and accepted.

Chairman Paul A. Walker of the FCC summarized the situation for all educational institutions in his friendly warning: "If television does not have number one priority on your agenda from now on, then the end of this fateful year may see educational television a lost cause. . . . This is American education's year of decision. What you do this year may determine for a long, long time, perhaps for generations, the role of education in television . . . And I fear that you may find this year of grace the shortest year of your lives."—DAVID S. RUHE, director, Medical Audio-Visual Institute.

Planning Booklet

The first of a series of booklets on "Planning Schools for Use of Audio-Visual Materials" was published recently by the Department of Audio-Visual Instruction (DAVI) of the National Education Association. The handbook is titled "Classrooms."

The why, what and how of classroom audiovisual planning is described in the 40-page illustrated booklet. It also contains a useful bibliography and list of companies producing and/or distributing light control materials and equipment.

The booklet is aimed primarily at the public school teacher and administrator and its subject matter is the grade and high school classroom. Many of the principles and details described, however, can be applied to the medical school classroom, laboratory and clinic teaching spaces being remodeled or newly constructed. Every dean's committee concerned with expansion or modernization programs will find many points of interest in this publication.

Copies of the booklet are available from the NEA, 1201 Sixteenth St., N.W., Washington, D. C., at \$1 per copy. Discounts are allowed for volume purchases.

Film Publication Program

A film publication program, sponsored by the Medical Audio-Visual Institute, will make it possible for medical colleges and other medical film users to purchase or rent films which are not readily available through certain other sources. The aim of the program is similar to that of a university press, which makes available certain scholarly literature of long-term interest which otherwise would remain unknown or difficult to procure.

By sponsoring the first costs of print duplication and assuming the responsibilities of distribution, MAVI makes available, for purchase and rental, films which appear to have high in-

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structural value. The original producer retains full copyright ownership, but grants MAVI license to print and distribute the film. In addition, the Institute prepares descriptive and evaluative information for dissemination, thus becoming the service agency between author-producer and medical film libraries and/or individual film users. This service is made possible by a revolving fund, from which is taken enough to permit purchase of prints and to which is returned all funds from sales and rentals to amortize the costs over the useful life of the films. In addition, each film "published" returns a token sum as royalty to the owner of the film and an equal amount to MAVI as partial reimbursement for overhead and administrative costs. The revolving fund permits publication of a maximum of 20 new films per year.

The film publication program was initiated because of the considerable number of potentially valuable teaching films which are virtually un procurable either because there are very few copies or because only the original is available. These films usually are research or report films, too valuable to loan in the original. And the authors may not be able, willing or cognizant of the need to have prints made for distribution through their own hands or the institutions with which they are affiliated.

Summaries of Film Reviews

These brief notes on some miscellaneous medical motion pictures are intended to afford an offhand idea of the desirability and use of the film under review. They are drawn from the detailed evaluative reviews prepared by the Medical Audio-Visual Institute of the Association of American Medical Colleges.

Carcinoma of the Cecum and Ascending Colon

16 mm., color, silent, 400 ft., 17 min.

Year of Production: 1951; **Country of Origin:** U.S.A.; **Authors and Producers:** Hilger Perry Jenkins, M.D.; Robert Moe, M.D.; Robert Gunning, M.D., and John Campiche, M.D., department of surgery, University of Illinois College of Medicine and Woodlawn Hospital.

Distribution: Surgical Film Library, Davis & Geck, Inc., 57 Willoughby St., Brooklyn 1, N. Y.; **Loan:**

Summary: This instructional film presents four patients with carcinoma of the cecum and ascending colon, demonstrating the pertinent surgical pathology at the operating table and in resected specimens, and correlating x-rays with simple titles on the histories, physical and laboratory findings. The film will be useful both as a basis for and adjunct to clinics and lectures in surgery and pathology.

Audience: Medical students, interns, residents, practitioners.

Diseases of the Stomach and Duodenum

16 mm., color, silent, 400 ft., 17 min.

Year of Production: 1951; **Country of Origin:** U.S.A.; **Authors and Producers:** Hilger Perry Jenkins, M.D., and Douglas Packard, M.D., department of surgery, University of Illinois College of Medicine and Woodlawn Hospital.

Distribution: Surgical Film Library, Davis & Geck, Inc., 57 Willoughby St., Brooklyn 1, N. Y.; **Loan:**

Summary: This instructional film contrasts gastric carcinoma, gastric ulcer, perforated duodenal ulcer and gastrojejunostomy ulcer, demonstrating the pertinent surgical pathology at the operating table and in resected specimens, and correlating these definitive findings with x-rays and titles on the histories, physical examination and laboratory data. The film will be useful both as a basis for and supplement to clinics or lectures in surgery or pathology.

Audience: Medical students, interns, residents, practitioners.

Mesenteric Thrombosis and Adhesion Band Strangulation

16 mm., color, silent, 400 ft., 17 min.

Year of Production: 1951; **Country of Origin:** U.S.A.; **Authors and Producers:** Hilger Perry Jenkins, M.D.; Robert Moe, M.D.; Douglas Packard, M.D., and Robert Gunning, M.D., department of surgery, University of Illinois College of Medicine and Woodlawn Hospital.

Distribution: Surgical Film Library, Davis & Geck, Inc., 57 Willoughby St., Brooklyn 1, N. Y.; **Loan:**

Summary: This instructional film concerns three patients with obstruction of the superior mesenteric vein; the causative mechanism and different clinical pictures are contrasted in the surgical pathology demonstrated at the operating table and on the resected specimens, and are correlated with brief pertinent data on history, physi-

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cal findings, x-ray and laboratory data. An animal experiment demonstrates and analyzes the mechanism of adhesion band strangulation. The film will be useful both as a basis for and supplement to clinics or lectures in surgery or pathology.

Audience: Medical students, interns, residents, practitioners.

Functional Anatomy of the Hand

16 mm., color, sound, 1,133 ft., 31 min. **Sponsor:** The National Foundation for Infantile Paralysis, Inc. **Year of Production:** 1951; **Country of Origin:** U.S.A.; **Authors and Producers:** J. E. Markee, Ph.D., and D. L. Elyer, department of anatomy, Duke University School of Medicine.

Distribution: The National Foundation for Infantile Paralysis, 120 Broadway, N. Y.; **Sale:** J. E. Markee, Ph.D.; professor of anatomy, Duke University.

Accompanying Materials: Handbook of same title, containing the narration; and available from both sponsor and author.

General Statement: This important fundamental motion picture reviews the motions of the hand, showing the origins, insertions and actions of the muscles on the cadaver hand, wrist and forearm. The film's accurate subject matter is overconcentrated and minor production deficiencies detract somewhat from the ingenious methods of presentation so that it is most effective as a review of anatomical information.

Audience: Orthopedic residents, first and fourth-year medical students, students of physiotherapy.

Polyps of the Large Intestine

16 mm., color, silent, 600 ft., 25 min. **Year of Production:** 1951; **Country of Origin:** U.S.A.; **Authors and Producers:** Hilger Perry Jenkins, M.D.; Melvin M. Newman, M.D., and Rudolph Janda, M.D., department of surgery, University of Illinois College of Medicine and Woodlawn Hospital.

Distribution: Surgical Film Library, Davis & Geck, Inc., 57 Willoughby St., Brooklyn 1, N. Y.; **Sale:**

Summary: This instructional film demonstrates at the operating table and in resected specimens a solitary polyp, familial polyposis, multiple polyps and a double primary carcinoma, and contrasts these with the inflammatory (pseudopolyposis) of ulcerative colitis. Correlation is achieved through x-ray and informative titles of pertinent history, physical examination and laboratory data. The film is superior in its visual clarity,

and will be useful both as a basis for and an adjunct to clinics and lectures in surgery and pathology.

Audience: Medical students, interns, residents, practitioners.

Diseases of the Gallbladder

16 mm., color, silent, 452 ft., 19 min. **Year of Production:** 1949; **Country of Origin:** U.S.A.; **Authors:** Hilger Perry Jenkins, M.D.; Rudolph Janda, M.D.; Douglas Packard, M.D., department of surgery, University of Illinois College of Medicine and Woodlawn Hospital.

Distribution: Surgical Film Library, Davis & Geck, Inc., 57 Willoughby St., Brooklyn 1, N. Y.; **Loan:**

Summary: This instructional film presents a series of seven gallbladder pathologies demonstrated at the operating table and in surgical specimens, correlated with cholecystograms and brief titles relating pertinent points of the histories, physical and laboratory findings. Visual clarity is good, and the film will be useful either as an integral part of or supplement to clinics and lectures in surgery or pathology.

Audience: Medical students, interns, residents, general practitioners.

Cinematographic Study of the Function of the Mitral Valve in Situ

16 mm., color, sound, 475 ft., 13 min. **Year of Production:** 1951-1952; **Country of Origin:** U.S.A.; **Sponsor:** Physics Park Research Institute, New York; **Authors:** Adrian Karlovitz, M.D.; Elliott S. Hurwitt, M.D., and Antol Herskowitz, Montefiore Hospital, New York; revised for teaching with the assistance of Leo L. Leveridge, M.D., Medical Audio-Visual Institute of the Association of American Medical Colleges; **Camera:** Antol Herskowitz; **Animation:** Leo Leveridge and Byron Rabbitt; **Illustrations:** Lou Barlow.

Distribution: Medical Audio-Visual Institute of the Association of American Medical Colleges, 125 N. Wabash Ave., Chicago 1; **Sale:** \$85; **Loan:** \$5.

General Statement: This research film, modified for teaching purposes, shows in slow motion the movements of the mitral ring and valve filmed through atrial and ventricular openings in a dog heart rendered bloodless in the left chambers by means of a newly developed circulatory shunt technique. Simple in design and conclusions, the film is well oriented by means of simple animation and postmortem heart demonstrations for effective use with students of cardiac physiology; its over-all craftsmanship is of a superior order.

Audience: Students of physiology in medical schools, allied professional schools and colleges; internists, surgical residents, and cardiac surgeons.

Here is what clinicians
are reporting about NEO-PENIL*...
the new derivative of penicillin

... about its ability to concentrate in the lung:

"... concentrations of this drug in the lungs after intramuscular injection are five to ten times higher than that of benzylpenicillin [penicillin G]."¹

... about its ability to concentrate in sputum:

"Neo-Penil gave rise to significantly higher concentrations of penicillin in bronchial secretions than did procaine penicillin . . ."²

"Procaine penicillin, in the same dosage, produces considerably lower sputum levels or fails to appear at all."³

... about its effectiveness in bronchopulmonary disease:

"Our own evidence would indicate that it is a more effective form of penicillin in patients with chronic pulmonary emphysema and bronchopulmonary infection."⁴

"This compound appeared to have a unique value in respiratory infections due to gram-positive bacteria."¹

"Prompt reduction or elimination of pus from the sputum occurred in 75 per cent of fifty patients with chronic bronchitis and bronchiectasis, with a comparable clinical improvement."¹

...about its ability to concentrate in other tissues:

"... it is apparent that this compound possesses chemical or physical properties that bring about a higher concentration of penicillin than that brought about by procaine penicillin in: the erythrocytes and leucocytes of cats, in the lungs of dogs, and in bronchial secretions, spinal fluid, and umbilical cord blood of humans."³

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'Neo-Penil' is available at retail pharmacies, in single-dose, silicone-treated vials of 500,000 units.

*Smith, Kline & French
Laboratories, Philadelphia*

*T.M. Reg. U.S. Pat. Off. for penethamate hydriodide, S.K.F.
(penicillin G diethylaminoethyl ester hydriodide) Patent Applied For

FULL INFORMATION ACCOMPANIES EACH 'NEO-PENIL' VIAL.



Book Reviews

The Manual of Corporate Giving

Edited by **Beardsley Ruml** in collaboration with **Theodore Geiger**. Published by **National Planning Association, Washington, D.C.**, 1952. 415 pp. with index. \$6.75.

The National Planning Association has shown how corporate givers can benefit most from their gifts to service organizations and projects. Objectivity has been insured by inviting as contributors officers of large private foundations, experienced donors and experts in the fields financed largely by philanthropy. Individual chapters are by-lined to indicate that only the opinion of the writer has been expressed.

Though primarily intended for the prospective giver, this book will be read with great interest by those who hope to be recipients. It is a thorough guide to what contributing corporations will expect and the kinds of questions they may ask. It can save worry, time and money for both donor and recipient.

Of particular interest to medical educators is the section on medical research, written jointly by Howard A. Rusk and Eugene J. Taylor, both of the New York University College of Medicine and the New York Times editorial staff. A special section is devoted to medical education and the authors state that . . . "support for medical education is perhaps the single most critical need in the whole medical field today."

The book is well planned with the beginning section devoted to the policy and administration of corporate gifts and the bulk of the pages including concise discussions of various fields of activity largely supported by corporate gifts. Discussed are community projects, health and welfare, education, science and the humanities and international giving.

Excellent bibliographies follow each author's contribution and a blank sheet is conveniently left for "reader's notes."

General Education in Action

A report of the California study of general education in the junior college. **B. Lamar Johnson**, dean of instruction, Stephens College, Columbia, Mo., director of the study. **American Council on Education, Washington, D. C.**, 1952. 409 pp. including appendix and index. \$4.

This report, resulting from a 14-month study of junior colleges in California,

consists mainly of descriptions of actual general education practices which were reported as being successful. Philosophy and recommendations are given less emphasis than usual in a volume of this nature and an evaluation of the reported practices is not attempted.

Although only the junior college movement of California is described, all types of colleges struggling with the problem of broadening the curriculum and strengthening the liberal arts program will find practical guideposts for action in this study.

Annual Review of Medicine—Volume III

Windsor C. Cutting, editor, **Stanford University School of Medicine**; **Henry W. Newmann**, associate editor, **Stanford University School of Medicine**. **Annual Reviews, Inc., Stanford, Calif.**, 1952. 442 pp. with index and extensive bibliographies. \$6.

This book attempts to give the reader a bird's-eye view, not only of recent work in internal medicine, but also of animal research in related fields. The book serves more as an introduction to the literature, a type of abstracting service, rather than a definitive work in itself. Some of the contributors have managed to circumvent this deficiency, which is not more evident in this book than in others of this type, by including a summary with the author's opinion of what he has read. Since each contributor is an expert in his field, these summaries are indeed valuable.

The work serves a useful purpose in introducing a reader to the publications of a special field, and perhaps as a quick but quite superficial means of reviewing some of the fields of internal medicine. Its value would be enhanced, particularly as regards the last consideration, if each author included a summary based on his own evaluation of his subject matter.

The Toxemias of Pregnancy, 2nd Edition

William J. Dieckmann, S.B., M.D., **Mary Campau Ryerson Professor and chairman of the department of obstetrics and gynecology of the University of Chicago**. The **C. V. Mosby Company, St. Louis**, 1952. 35 text illustrations and one color plate. 710 pp. including index. \$14.50.

This second edition not only continues where the first left off, but expands in the same vein of authority and thoroughness. Dieckmann has made great effort to

be inclusive, impartial and without prejudice in consideration of works of others and in documentation of research and investigation which he and others have done in this field. He has not only been generous in listing references at the end of the chapters, but also has been authoritative in listing monographs to which he has made reference.

This volume is almost certainly the most complete volume on toxemias of pregnancy in the English language, and probably in any language to date. Chapters present a general discussion of toxemias, incidence, pathology, biochemistry, blood pressure, renal physiology, ocular systems and contributing factors. There are several chapters on etiology, clinical aspects and treatment. The book concludes with a discussion of maternal and fetal prognosis and prenatal care, including information on mortality, sequelae and a general appraisal. There are a number of graphs, charts and pictures to document the written expression and microscopic reproductions illustrating descriptions and comments. This text is recommended without reservation.

Textbook of Medicine, 10th Edition

By various authors. Edited by Sir John Conybeare, K.B.E., M.D., (Oxon.), F.R.C.P., physician to Guy's Hospital, London, and W. N. Mann, M.D., (Lond.), F.R.C.P., assistant physician to Guy's Hospital. The Williams and Wilkins Company, Baltimore, 1952. Illustrated with drawings and photographs. 912 pp. including index. \$8.

This 10th edition of a popular British textbook covers a very wide field, including such diverse subjects as diseases of infants, diseases of the nervous system, psychological medicine and common diseases of the skin. In addition, the conventional realm of internal medicine is encompassed in the short span of 900 pages. Of necessity, many statements are dogmatic or overly simplified. As in many texts representing the combined effort of many authors, some sections are better than others. There are numerous statements with which the well-informed American internist would disagree.

On the whole, the book is written in the pleasant readable style characterizing the writing of our British colleagues. The text would be satisfactory for students provided other points of view were available to them. It is unfortunate that more physiological background for the

clinical pattern of disease is not offered in many of the sections. The organization of the text and the printing layout are excellent.

Physician's Handbook, 7th Edition

Marcus A. Krupp, M.D., assistant clinical professor of medicine, Stanford University School of Medicine; Norman J. Sweet, M.D., assistant professor of medicine, University of California School of Medicine; Ernest Jawetz, M.D., assistant professor of bacteriology, University of California School of Medicine, and Charles D. Armstrong, M.D., clinical instructor in medicine, Stanford University School of Medicine. Lange Medical Publications, Los Altos, Calif., 1952. 280 pp. with index. \$2.50.

As in previous editions, material has been selected with care and the authors have tried to limit dogmatic statements to a minimum. However, the authors recognize that the reader always will find some statements with which he disagrees or feels are misleading. Much of this is unavoidable but other deficiencies in this book could be remedied, particularly in the organization of the content. For example, spermatic fluid examination is included in Chapter 23 Sputum Examination. The last page, following the appendix and list of abbreviations, is devoted to a discussion of the Sengstaken tube for arresting hemorrhage from esophageal varices. There should be no room in a volume of this sort for repetition. Yet directions for sedimentation rate determination are given twice on pages 258 and 345.

Despite these minor deficiencies the over-all usefulness of a condensed reference handbook of this type is great, provided it is used with appropriate caution, especially by the student.

The Scalp in Health and Disease

Howard T. Behrman, A.B., M.D., assistant clinical professor of dermatology, New York University Post-Graduate Medical School. The C. V. Mosby Company, St. Louis, 1952. 312 illustrations. 566 pp. with index. \$12.75.

As an up-to-date encyclopedic reference work on the anatomy, chemistry, physiology, embryology, endocrinology, anthropology, pathology and cosmetology of the scalp and hair, this book is of unquestionable value. However, as a text for medical students and non-dermatologists, it might prove a little confusing.

In a work of this broad scope, there are of necessity some contradictory statements and others with which not all authorities agree. Most controversial

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points, however, are fairly presented from all viewpoints. Chapters are well arranged and there are numbers of excellent photographs and other illustrations. A few commercial diagrams and poorly reproduced pictures add little to the text.

Starling's Principles of Human Physiology, 11th Edition

Sir Charles Lovatt Evans, D. Sc., F.R.S., LL.D., F.R.C.P., Birmingham, emeritus professor of physiology at the University of London. With chapters on the special senses by **H. Hartridge, M.A., M.D., Sc. D., F.R.S.** emeritus professor of physiology at University of London. Lea & Febiger, Philadelphia, 1952. With 709 illustrations, some in color. 1210 pp. with index. \$11.

This revision of the Starling text is probably the best in many years.

It is still a fundamental text of mammalian physiology with little reference to clinical application. For teachers who prefer to present the subject matter beginning with general physiology and progressing through muscle, nerve and central nervous system, this book will adapt well. Its chief drawbacks are a number of small and indistinct photographs and thin paper stock which causes print to show through the pages.

Diseases of the Heart and Circulation, 2nd Edition

Albert A. Fitzgerald Peel, M.A., D.M. (Oxon.), F.R.F.P.S. (G.), physician for diseases of the heart, Victoria Infirmary, Glasgow. Geoffrey Cumberlege, Oxford University Press, London, New York, Toronto, 1952. Illustrated. 472 pp. including index. \$7.50.

In the second edition of his text, Dr. Peel has incorporated many of the recent advances in the diagnosis and treatment of cardiovascular disease. The textual material is well organized and clearly presented. The bibliography is not extensive but is adequate to provide the student with key references in the various subjects discussed. Numerous illustrative x-rays in the section on roentgenology have been carefully selected and are magnificently reproduced.

Despite the limitations imposed by its length, this volume is surprisingly complete and includes brief discussions of such current advances in cardiology as the use of cation exchange resins and the surgical treatment of valvular heart diseases. As a result it will be of value both to the student and to the practitioner as a reference to the fundamentals of cardiovascular disease.

Transactions of the 11th Conference on the Chemotherapy of Tuberculosis

Prepared and edited by Veterans Administration Area Office, St. Louis, and Central Office, Washington 25, D. C. Illustrated with graphs. 401 pp.

This publication is similar in content to the previous 10 volumes of its series. It summarizes, in more than 70 papers, the experience of the Veterans Administration hospitals with the chemotherapy of tuberculosis. Treatment regimens employed are set forth in great detail in tabular form. The body of the papers and the tables themselves are of no particular interest to people not intimately associated with the treatment of tuberculosis. However, the summaries and discussions which appear at the end of each paper are well worth study by all students and practitioners interested in tuberculosis. In the section devoted to newer drugs, there are excellent summaries of the effectiveness and the toxicity of terramycin, viomycin and amithiozone.

Vascular Diseases in Clinical Practice, 2nd Edition

Irving Sherwood Wright, M.D., professor of clinical medicine, Cornell University Medical College. The Year Book Publishers, Inc., Chicago, 1952. Illustrated with drawings and photographs. 552 pp. including index. \$8.50.

The second edition of this book is, like the first, an excellent manual based on the author's broad experience both as civilian and military consultant on vascular problems and as coordinator of the Committee on Anticoagulants of the American Heart Association. This edition adds discussions on the newer studies in atherosclerosis, the use of some of the newer drugs, particularly ACTH and cortisone, and brief notes on shoulder girdle syndromes, cryoglobulinemia and cold agglutinins. In general recent advances are well presented without undue enthusiasm and tempered by the author's own experiences.

The section on management of thrombo-embolic disorders is, of course, authoritative. The usual discussions of Raynaud's disease, thromboangiitis obliterans, frostbite and related conditions are enhanced by Dr. Wright's discriminating and definite comments on prophylaxis and therapy. The remainder of the book includes discussions of the collagen disorders and miscellaneous conditions. One might wish for more

Books and Pamphlets Received

than one sentence devoted to Hargrave's "L. E. cell," and perhaps less to the hyperabduction syndrome, but otherwise the selection of material is well balanced and the sections are appropriately divided. There is an interesting section on medico-legal problems and a few pages are devoted to psychological and physical care of the amputee. Every doctor or student of medicine will benefit from reading this book.

Basic Medical Physiology

W. B. Youmans, Ph. D., M.D., professor of physiology, University of Wisconsin. The Year Book Publishers, Inc., Chicago, 1952. Illustrated. 436 pp. with index. \$7.50.

Dr. Youmans presents a reasonably comprehensive summary of modern concepts of mammalian physiology. No attempt is made to document individual statements, but literature citations accompany each chapter. Extensive presentation of conflicting opinions and historical review, common to most textbooks of physiology used by medical students, has been avoided. The book will be most useful to physicians and biologists in fields other than physiology who wish to review basic mammalian physiology and acquaint themselves with recent advances in the field. It might well serve as a text for a course in physiology for mature college students.

The order of presentation of material is somewhat unusual, a section on basic mechanisms of excitation, conduction and response preceding sections on circulation, respiration, digestion, nutrition, endocrines, the kidney and the nervous system. The author proposes three different orders in which the various sections may be taken up by students of different backgrounds.

Great Adventures in Medicine

Edited by **Samuel Rappoport** and **Helen Wright**. The Dial Press, New York, 1952. 874 pp. with index. \$5.

The editors have compiled an interesting selection of articles and stories recording great medical moments. Selections range from discussion of the practices of medicine men to modern articles on miracle drugs and insulin shock. Useful for the layman, the pre-medical student or the patient in the doctor's waiting room.

Books and Pamphlets Received

(As space permits, those with the greatest interest to our readers will be reviewed)

Rheumatic Diseases

Eugene F. Traut, M.D., F.A.C.P., associate (Rush) clinical professor of medicine, University of Illinois. The C. V. Mosby Company, St. Louis, 1952. 192 illustrations. 942 pp. with index. \$20.

Nerve Impulse

Transactions of the 3rd conference, March 2-4, 1952. Edited by **H. Houston Merritt**, M.D., professor of neurology, College of Physicians and Surgeons, Columbia University. Sponsored by the Josiah Macy Jr. Foundation, New York, 1952. 176 pp. with index. \$3.50.

Manual of Gynecology

E. Stewart Taylor, M.D., professor and head of the department of obstetrics and gynecology, University of Colorado School of Medicine. Lea & Febiger, Philadelphia, 1952. 70 illustrations. 294 pp. with index. \$4.50.

Practical Dermatology

George M. Lewis, M.D., professor of clinical medicine, Cornell University Medical College. W. B. Saunders Company, Philadelphia & London, 1952. Illustrated. 328 pp. \$7.50.

Electrocardiography in Practice, 3rd edition

Ashton Graybiel, M.D., director of research, United States Naval School of Aviation Medicine; **Paul D. White**, M.D., executive director, National Advisory Heart Council; **Louise Wheeler**, A.M., executive secretary, the cardiac laboratory, Massachusetts General Hospital; **Conger Williams**, M.D., instructor in medicine, Harvard Medical School. Illustrated. W. B. Saunders Company, Philadelphia, London, 1952. 378 pp. \$10.

Office Psychiatry

Louis G. Moench, M.D., assistant clinical professor of medicine and psychiatry, University of Utah School of Medicine. The Year Book Publishers, Inc., Chicago, 1952. Illustrated with drawings. 310 pp. with index. \$6.

Congenital Anomalies of the Heart and Great Vessels

Maurice A. Schnitker, B.S., M.D., F.A.C.P., director of medicine, St. Vincent's Hospital. Oxford University Press, New York, 1952. Illustrated. \$66 pp. with index. \$8.

Disorders of the Circulatory System

A symposium presented at the 24th Graduate Fortnight of the New York Academy of Medicine. Edited by **Robert L. Craig**, M.D. The Macmillan Company, New York, 1952. Illustrated. 305 pp. \$5.50.

The Principal Nervous Pathways, 4th edition

Andrew Theodore Rasmussen, Ph.D., professor of neurology, University of Minnesota Medical School. The Macmillan Company, New York, 1952. Illustrated with drawings. 73 pp. with index. \$4.50.

Books and Pamphlets Received

Personal and Community Health, 9th edition

C. E. Turner, A.M., Ed.M., D. Sc., Dr. P.H., professor of public health emeritus, Massachusetts Institute of Technology. The C. V. Mosby Company, St. Louis, 1952. Illustrated. 659 pp. with index. \$4.25.

Shock and Circulatory Homeostasis

Transactions of the first conference, October 22-23, 1952. Editor, **Harold D. Green, M. D.**, professor of physiology and pharmacology, Bowman-Gray School of Medicine, Josiah Macy Jr. Foundation, 16 W. 46th St., New York 36. 245 pp. \$3.50.

Logan Turner's Diseases of the Nose, Throat and Ear, 5th edition

Edited by **Douglas Guthrie**. Assisted by **John P. Stewart**. The Williams and Wilkins Company, 1952. 246 illustrations and 9 colored plates. 478 pp. \$8.

Cornell Conferences on Therapy, Vol. 5

Edited by Doctors **Harry Gold** (managing editor), **David P. Barr**, **Frank C. Ferguson Jr.**, **McKeen Cattell**, **Frank Glenn** and **George Reader**. The Macmillan Company, New York, 1952. 295 pp. \$4.

Pediatrics in General Practice, 1st edition

James G. Hughes, M.D., professor of pediatrics, University of Tennessee College of Medicine. McGraw-Hill Book Company, Inc., New York, Toronto, London, 1952. Illustrated. 735 pp. with index. \$14.

Biological Chemistry

Alexander Gero, Ph.D., associate professor of pharmacology, Hahnemann Medical College, Philadelphia. The Blakiston Company, Inc., New York, Toronto. Illustrated with diagrams. 340 pp. \$5.

Diseases of Metabolism, 3rd edition

Edited by **Garfield G. Duncan, M.D.**, clinical professor of medicine, Jefferson Medical College. W. B. Saunders Company, Philadelphia & London, 1952. Illustrated. 1179 pp. \$10.

Tuberculosis

Saul Solomon, M.D., associate clinical professor of medicine, New York University Post-Graduate Medical School. Coward-McCann, Inc., New York, 1952. Illustrated with drawings. 310 pp. with index. \$3.50.

The Mount Sinai Hospital of New York. The First Hundred Years. By Joseph Hirsh and Beka Doherty. Random House, New York, 1952. Illustrated. 364 pp. with index. \$5.

The Care and Use of Analytical Balances. Published by Christian Becker, division of the Torsion Balance Company, Clifton, N. J. 32 pp.

1951 Annual Report of the John and Mary R. Markle Foundation. 14 Wall St., New York 5. 82 pp.

Ionic Transfer in Nerve in Relation to Bio-Electrical Phenomena. A. M. Shanes. Annals of the New York Academy of Sciences, Vol. 55, Art. 1. 36 pp. \$1.

The New Dictionary of American History. Michael Martin and Leonard Gelber. Philosophical Library, New York, 1952. 695 pp. \$10.

The Mentally Retarded Child. Abraham Levinson, M.D., professor of pediatrics, Northwestern University Medical School. Prepared under auspices of the Dr. Julian D. Levinson Research Foundation. The John Day Company, New York, 1952. 190 pp. with index. \$2.75.

The Outlook for Women as Physical Therapists. Bulletin of the Women's Bureau No. 203-1, revised, medical services series. For sale by the Superintendent of Documents, U. S. Government Printing Office, Washington 25, D. C. 51 pp. 20 cents.

What We Can Do About the Drug Menace. Public Affairs Pamphlet No. 186. Albert Deutsch. Public Affairs Pamphlets, 22 E. 38th St., New York 16. 32 pp. Illustrated. 25 cents.

Preparing Tomorrow's Nurses. Public Affairs Pamphlet No. 185. Elizabeth Ogg. Order from National League for Nursing, 2 Park Ave., New York 16. 32 pp. Illustrated. 25 cents.

Medicine at the University of Chicago, 1927-1952. Elsa Veith, assistant professor of the history of medicine, and Franklin C. McLean, professor of pathological physiology, University of Chicago Press, Chicago, 1952. Illustrated. \$1 pp.

A 40-year Campaign Against Tuberculosis. Louis I. Dublin, Ph.D., second vice-president and statistician, Metropolitan Life Insurance Company. Published by Metropolitan Life Insurance Company, New York, 1952. 115 pp.

Microbial Growth and Its Inhibition. First international symposium on chemical microbiology. World Health Organization monograph series No. 10. World Health Organization, Palais Des Nations, Geneva, 1952. May be obtained from the International Documents Service, Columbia University Press, New York 27. 285 pp. \$2.

The Chick Embryo in Biological Research. Edited by Roy Waldo Miner. Volume 55, Art. 2, Annals of the New York Academy of Sciences, New York, 1952. Illustrated. 303 pp. \$4.

Shock Syndrome. Edited by Roy Waldo Miner. Volume 55, Art. 3, Annals of the New York Academy of Sciences, New York, 1952. Illustrated. 375 pp. \$3.75.

The Facts About Employment and Heart Disease (leaflet). Returning Cardines to Work (22 pp.). These Hands Are Able (10 pp.). Three pamphlets published by the American Heart Association, 44 East 23rd St., New York 16.

Evolution and Human Destiny. Fred Kohler. Philosophical Library New York, 1952. 120 pp. with index. \$2.75.

Morbus Alzheimer and Morbus Pick. Torssten Sjögren, Hakon Sjögren and Ake G. H. Lindgren. Acta Psychiatrica et Neuropathologica Scandinavica Supplementum 82. Ejnar Munksgaard, Copenhagen, 1952. Illustrated with photographs. 152 pp. English translation by Donald Burton.

Expert Committee on Trachoma. World Health Organization technical report series, No. 59. World Health Organization, Palais Des Nations, Geneva, 1952. 22 pp. 15 cents. May be obtained from the International Documents Service, Columbia University Press, New York 27.

Blood and the Nation's Health. The American National Red Cross, Washington, D. C. 34 pp.

An Effective Business System for the Modern Hospital. Associated Hospital Service of Philadelphia, 112 S. 18th St., Philadelphia 2. Illustrated. 28 pp.

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SURGEON: 32, interested in career in academic surgery. Anticipates completion of American Board of Surgery certification March 1953; application accepted for Fellowship in the American College of Surgeons for 1953. Currently holds staff appointment in department of surgery of a medical school. Wife and two children. Has training in basic

research and anxious for opportunities in this direction. Full-time position preferred. Address: A-33.

ANATOMIST: Ph.D., assistant professor, male, married. Four years teaching experience in medical school gross anatomy. Research and interest in neuroanatomy. Available August 1953. Address: A-34.

PATHOLOGIST: M.D., man, 41, married. Unusually fine and varied experience; teaching, research, hospital laboratory, administration, planning and construction; particularly competent in pathologic anatomy; at present associate professor and director of laboratories; seeks academic and/or hospital appointment. Address: A-35.

NEUROANATOMIST: man, 43, married, Ph.D., member American Association of Anatomists. Experience: seven years teaching neuroanatomy, four years teaching gross anatomy; basic neurological research; administration; membership on several medical school administrative committees; original training under highly distinguished neuroanatomists. Publications. Member of scientific and scholastic societies. Noteworthy references. Experience includes reorganization of premedical program in large college with salutary results. Desires medical school position where interests in teaching, research and administration can be fulfilled. Available July 1953. Address: A-36.

ANATOMIST: Ph.D., man, 40. Desires teaching position in anatomy (gross or microscopic). Teaching experience in histology, embryology and gross anatomy in dental and medical schools. Publications. Excellent references. Now employed but may be available on short notice. Address: A-37.

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